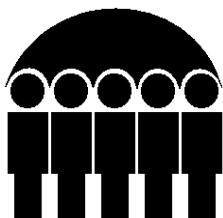


Revised April 25, 2000

Employees' Manual
Title 14
Chapter B(9)

SSI-RELATED MEDICAID AND FACILITY CASE ACTIONS



Iowa
Department
of
Human Services

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OVERVIEW

This chapter describes the ABC case actions for all SSI-related cases with worker-initiated actions, including:

- ◆ [Medicaid cases](#)
- ◆ [State Supplementary Assistance cases](#)
- ◆ [Medicaid home- and community-based waiver cases](#)
- ◆ [Facility cases, authorizing payment for care in:](#)
 - Hospice
 - Nursing facilities
 - Intermediate care facilities for people with mental retardation (ICFs/MR)
 - Intermediate care facilities for people with mental illness (ICFs/MI)
 - State mental health institutes (MHIs)
 - Psychiatric hospitals
 - Psychiatric medical for children (PMICs)

The purpose of this chapter is:

- ◆ To provide income maintenance workers with coding instructions necessary for the ABC system to process worker-initiated actions in these cases, and
- ◆ To identify ABC system-initiated case actions that affect these programs.

The first sections of the chapter describe worker-initiated actions for each area. The material is in a chart with three columns. The first column lists the case actions in alphabetical order. The second column lists the screen fields requiring an entry. The third column contains specific instructions.

The last section of the chapter describes system-initiated actions. In order for the system to perform these actions correctly, it is essential that workers follow all coding instructions and update coding when a change affects system codes (e.g., aid types).

Note: When instructions for TD03 read “Complete any needed demographic information,” check the following screen fields and make entries, if necessary: (See 14-B-Appendix, [TD03](#).)

STATE ID	SEX	MAR	SSN	COS
FIRST NAME	DSTR	OHP	SSN CLAIM NO	QMB
LAST NAME	PER	HAND	MP	POV
TI	CIT	H W B A I N	WVR	SCR
BIRTH	US	ID GEN	SRV	HEALTH
ST	ID	RB		

OVERVIEW

Time Limits

Revised February 23, 2007

Iowa Department of Human Services

Title 14 Management Information

Chapter B(9) SSI-Related Medicaid and Facility Case Actions

“System months” run from ABC cutoff to ABC cutoff and do not directly correspond to calendar months. The system “next” month could be the second calendar month after the current calendar month, if the current date is after ABC cutoff. (See 14-B, [AUTOMATED BENEFIT CALCULATION SYSTEM](#), for discussion of system months.)

Payment for nursing facility care in a month is made according to data on file as of the last day of the calendar month and according to billing data submitted by the facility.

Time Limits

Medicaid claims can be submitted, paid, or adjusted when the time elapsed between the date of service and the Iowa Medicaid Enterprise’s receipt of the claim does not exceed 365 days. Exceptions are allowed when it is established that eligibility on new approvals came late to the system (meaning the new approval went back more than a year).

The Medicaid eligibility file SSNI screens display historical data for two years from the current system month. ELVS (the audio response eligibility verification system) has six months of Medicaid historical data.

Other Resources Available

Many systems can provide information for you to consider before creating transactions on ABC. The ABC system may interface with these systems directly or indirectly, or allow access between the systems and ABC. Access to additional systems may be provided through CICS or by using the Intranet.

The ABC system creates links to some of the systems’ data screens through the IOWA ABC SYSTEM MENU (TD00) or the LINK MENU. The TD00 menu screen allows access to data from:

- ◆ The Iowa Central Employment Registry (ICER), through the option “BINC=Beginning Income Screen” or the IVER menu.
- ◆ The MEPD Premium Change system, through the option “MEPC=MEPD Premium Change.”

See 14-B(4), [SYSTEM SCREEN INSTRUCTIONS](#), for a description of these screens.

The LINK MENU allows access to other systems. Options displayed on Link that you may consider viewing for facility, State Supplementary Assistance, or waiver case actions are the following:

- ◆ [SSNI \(Medicaid eligibility file\)](#). See 14-C.
- ◆ [IEVS \(Income Eligibility Verification System\)](#). See 14-G.
- ◆ [MMIS \(Medically Needy subsystem\)](#). See 14-I(1).
- ◆ [OVPY \(Overpayment recovery\)](#). See 6-G.
- ◆ [ICAR \(Child support recovery\)](#). See XIV-D.
- ◆ [SDXD \(State Data Exchange\)](#). See 14-E.
- ◆ [SSBI \(Medicare buy-in system\)](#). See 14-C.

The CICS system allows viewing access to the Iowa Workforce Development screens. The Internet allows access to the Vehicle Registration and Titling (VRT) screens. The DHS Intranet currently allows you access to the Eligibility Tracking System (ETS), the Change Reporting System, and VRT.

ALL CASES WORKER-INITIATED ACTIONS

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Aid Type Change	TD01 ENT RSN	Enter H.
	TD01 AID	Enter the code for the cash assistance, State Supplementary Assistance, or facility payment, using priorities listed in Aid Type Priority .
	TD01 AID CHG DT	Enter the first day of the next system month.
	TD01 MED AID	Enter the code for the Medicaid coverage group.

ALL CASES WORKER-INITIATED ACTIONS**Aid Type Change**

Revised July 23, 2002

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Aid Type Change (Cont.)	TD01 MED CHG DT	Enter the first day of the next system month.
	TD01 AID MED AID	<p>Some aid changes require additional entries. Facility aid type changes require TD05 screen entries on FACILITY VENDOR NUMBER field, FACILITY STATUS field, and date entries.</p> <p>State Supplementary Assistance aid type changes require entry of an open State Supplementary status.</p> <p>When changing from a facility or State Supplementary aid type to a nonfacility or non-State Supplementary Medicaid aid type, the facility or State Supplementary and Medicaid programs must be closed, and then the Medicaid can be reopened.</p> <p>See FACILITY CASE ACTIONS: Closing a Program: Client Leaves Facility for instructions.</p> <p>When an aid type was incorrectly recorded for a previous period, complete form 470-0397, <i>Request for Special Update</i>, only if the client should be provided with more Medicaid coverage than with the previous aid type. Examples:</p> <ul style="list-style-type: none"> ◆ The aid type was Medically Needy with an unmet spenddown and a non-Medically Needy coverage group has been found for that period. ◆ An aid type is changed from any copayment aid type to a facility noncopayment aid type.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Aid Type Change (Cont.)		Otherwise, retroactively, changing aid types has no reliable effect on Medicaid eligibility or funding.
Aid Type Priority	TD01 AID	<p>If more than one assistance program is pending or approved using the same ABC case, enter the aid type which corresponds to the program with the highest priority:</p> <p>Priority 1: State Supplementary Assistance or facility (including PMIC or waiver)</p> <p>Priority 2: Medicaid</p> <p>Priority 3: Food Assistance</p>
Assigning Medicaid Review Due Dates		<p>When programs are active at timely notice day, the ABC system generates form 470-3118, <i>Medicaid Review</i>, for the annual review and assigns the due date.</p> <p>The <i>Medicaid Review</i> is automatically generated after timely notice day of the month before the annual review date. The system prints the due date on the form.</p> <p>Workers must generate and track <i>Medicaid Review</i> forms for the following:</p> <ul style="list-style-type: none"> ◆ Reinstatements done after timely notice day. ◆ Closed Medicaid cases. ◆ Medically Needy cases with a spenddown. Note: The Medicaid Review form is not generated automatically for spenddown cases.

ALL CASES WORKER-INITIATED ACTIONS

Assigning Medicaid Review Due Dates

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Iowa Department of Human Services

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Chapter B(9) SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Assigning Medicaid Review Due Dates (Cont.)	<p>TD01 ENT RSN</p> <p>TD01 MR DEMAND 1 OR 2 MO</p> <p>TD01 MR DEMAND 1 OR 2 CD</p> <p>TD01 MR DEMAND 1 OR 2 CYC</p> <p>TD01 MR DEMAND 1 OR 2 DT</p>	<p>Coding to generate a <i>Medicaid Review</i> form on demand is as follows:</p> <p>Enter code H.</p> <p>Enter the month for which the <i>Medicaid Review</i> form is required. This cannot be a future month.</p> <p>Enter code M.</p> <p>Do not enter a CYC code for the <i>Medicaid Review</i> form.</p> <p>Enter the date the <i>Medicaid Review</i> form is due. Note: You must track the due date for timely return.</p>
Case Name ID	TD01 CNID	<p>All cases require a CNID. The CNID is the state identification number of the “case name” person.</p> <p>If appropriate, you can change the CNID by entering a new state identification number in the field and changing the case name to reflect this state ID.</p>
Case Numbering		<p>Use ST01 to search for a case number to which a person’s state identification number is associated.</p> <p>A state identification number is needed if one is not found on ST01. See State ID Numbers for instructions.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Case Numbering (Cont.)		<p>Case numbers with all programs in an inactive status can be re-used. Exceptions:</p> <ul style="list-style-type: none"> ◆ Do not use a foster care or subsidized adoption case that has an FBU of 19 or 18 except for the original foster care or subsidized adoption case. ◆ Do not use a Medicaid for independent young adults (MIYA) case that has an FBU of 17.
Assigning Case Numbers	TD00	<p>If a case number cannot be found, assign a new case number. On the main menu screen, enter TD01 for OPTION and the literal NEW for CASE #.</p> <p>The system will assign (left to right) a six-digit serial number, an FBU, a MULT, and a check digit.</p> <p>On a new case, entry reasons must all be A, except in two situations:</p> <ul style="list-style-type: none"> ◆ On TD01, the system will change a new case's entry reasons to A if another valid code is entered. ◆ Entry reason E is allowed on TD05 and TD03 for worker-determined Medicaid eligibility.
Establishing FBUs		<p>It may be necessary to establish a separate case for various eligible groups in a household.</p> <p>The FBU portion of an existing case number can be changed to assign a case number that is identical to the first six digits of the other cases for the household.</p>

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Chapter B(9) SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Establishing FBUs (Cont.) Other Case Number Information	TD00 CASE NUMBER	<p>Situations in which multiple FBUs are used include FIP-SSI composite cases, households with both Food Assistance and Medically Needy, and RCF and waiver received for the same times.</p> <p>Note: Do not pend or approve HCBS waiver services on a Food Assistance case. Create another case with a different FBU.</p> <p>To establish an additional FBU, enter the case number, consisting of the original six-digit serial number, the new FBU, and zero in the ninth position. Make no entry in the tenth position. The system assigns this number.</p> <p>Once the case is established, enter the rest of the data as in any other new case.</p> <p>Note: FBU “19” is used for cases in foster care or subsidized adoption that have an interface with FACS system.</p> <p>See 14-B(4), DROPPED CASES ON-LINE DISPLAY, for information on dropped cases.</p>
Changing a Worker Number	TD01 ENT RSN TD01 CO TD01 WKR	<p>Enter H.</p> <p>Enter the county number.</p> <p>Enter your worker number. Note: If the worker number change is for staff in a county designated as “less than full-time,” follow field office procedures.</p>

Page 9 is reserved for future use.

ALL CASES WORKER-INITIATED ACTIONS**Changing a Worker Number**

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Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Changing Income or Deductions for an Ongoing Program		(See also FACILITY CASE ACTIONS: Changing Client Participation: Automated.)
	BCW2	Any amounts or codes that are no longer applicable must be removed. If an amount no longer applies, replace it with zero. Source codes (SR) on BCW2 screens not removed by worker entry are automatically removed in month-end processing when amounts are zero.
	BCW2 ENTRY RSN	Enter G if the change will require timely notice and the answer is adverse. Enter H if the change will not require timely notice, even if the answer is adverse.
	BCW2 BENEFIT MO	Enter the applicable month.
	BCW2 PI	Enter: C for Medicaid D for facility, State Supplementary Assistance, or waiver
	BCW2 E/B	Enter codes corresponding to the budgeting procedure required for the case situation. Codes are: E Eligibility calculation B Client participation calculation A All (both) calculations

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Changing Income or Deductions for an Ongoing Program (Cont.)	BCW2	<p>When using both the E and B indicators, do not push ENTER between entering the E and B. If you make an error in the E/B indicator, delete the transaction and reenter the data. (The E/B error cannot be “fixed.” It must be deleted.)</p> <p>It does not matter which indicator is entered on which line, but all indicators for one program must be entered on the same screen.</p> <p>Enter any other applicable fields. See Medicare Premium for information on nonstandard Medicare premiums.</p>
COLA	BCW2 ENTRY RSN BCW2 BENEFIT MO BCW2 PI BCW2 E/B BCW2 UNEARN 1-4 and SR 1-4	<p>COLA means cost-of-living adjustments to social security or SSI benefits. COLA processing is described in 14-B(8), COLA PROCESSING.</p> <p>COLA processing is automated for all cases except dependent person, QMB, SLMB, E-SLMB, QDWP, and Medically Needy. Facility cases are calculated in COLA processing, unless the OHP field on TD03 indicates a couple case.</p> <p>Enter changes to unearned income during the months involved in the COLA processing as usual.</p> <p>See Medicare Premium.</p>
Continuing Benefits When a Timely Appeal Is Filed	TD05 TD03 BCW2 SCREENS	<p>When a timely appeal is filed as the result of an adverse action entered on the system, enter information to return the program or people to the status, which existed before the adverse action.</p>

ALL CASES WORKER-INITIATED ACTIONS
Continuing Benefits When a Timely Appeal Is Filed
Revised May 20, 2003

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Chapter B(9) SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Continuing Benefits When a Timely Appeal Is Filed (Cont.)		<p>This may include entries to change client participation. A vendor adjustment may be necessary if payment was made between the effective date of the adverse action and this action to continue benefits.</p> <p>When a timely appeal is filed as the result of an adverse action due to a change in income or deductions, change the income or deductions to cause continuation of eligibility as applicable.</p>
Enhanced Services (Form 470-2464)	<p>TD03 ENTRY RSN</p> <p>TD03 SRV</p> <p>TD03 COS</p>	<p>For cases receiving case management, day treatment, or partial hospitalization (enhanced services), entries to update the person's diagnosis and county of legal settlement are made as assigned by the service area manager.</p> <p>To update the Medicaid system for current and prior system months on an ongoing case, check SSNI screens to confirm that an update is needed.</p> <p>If it is, prepare a <i>Request for Special Update</i>, 470-0397. Note the diagnosis codes in the "Special Claims" field. Note county of legal settlement codes on the form. Indicate for which months data are to be updated. Send the form to Quality Assurance, and track it for completion.</p> <p>Make the following ABC entries for the next system month:</p> <p>Enter H.</p> <p>Enter M, I, or S.</p> <p>Enter the county number.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Entering Income	BCW2 ENTRY RSN BCW2 BENEFIT MO BCW2 PI BCW2 E/B BCW2	(See also FACILITY CASE ACTIONS: Changing Client Participation.) When making income entries, review any existing income data on the BCW2 screens for the month, program, and calculation purpose. Do not enter BCW2s on a pending application. Enter BCW2s for each program for each month of the application process for which there is nonexempt income. If no income is in the system or entered for a month in the application process, the system assumes there is no income for that month.
Unearned Income: Combining Amounts	BCW2 UNEARN 1-4, OTHER UI BCW2 SR 1-4	BCW2 has five fields for unearned income amounts and source codes. If a person has more than five sources of unearned income, you combine two or more, enter in one amount field and code as “other.” Exception: Because the system automatically processes COLAs for social security and SSI, these amounts must always be entered separately.
Social Security Income	BCW2	Enter as unearned income the amount of the social security before the Medicare premium deduction is taken. Enter this amount even when buy-in is not complete. Determining this amount requires adding the Medicare premium amount and any overpayment deduction amount to the net Social Security income figure.

ALL CASES WORKER-INITIATED ACTIONS
Entering Income

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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Social Security Income (Cont.)		When TD03 MEDICARE PREMIUM field (MP) is Y, the system will subtract the Medicare premium amount from the income to determine client participation.
Excluded Persons	TD03 ENTRY RSN TD03 MED ST TD03 FUND BCW2 P DED NEED BCW2 P DED PAY	Enter A or C. Enter F. Enter 7. Enter applicable income on applications for the Standard of Need Test (Test 2). Note: Do not enter on MAC cases. Enter applicable income for Payment Standard Test (Test 3).
Ineligible Aliens	TD01 MED AID RSCM BCW2	When adding an ineligible alien to a case, review the MED AID type and RSCM and BCW2 screens for the ineligible alien or household and update, if appropriate. Note: Do not pend an ineligible alien.
Approving a Case With an Ineligible Alien	TD03 ENTRY RSN TD03 MED ST TD03 MED RSN TD03 FUND	Enter A or C. Enter F. Enter the notice reason code. See 14-B-Appendix, NOTICE CODES . Enter S.
Canceling an Ineligible Alien	TD05 MED ENTRY RSN TD05 MED STATUS TD05 RSN2	<u>Program</u> Enter G. Enter N. Enter the case-level notice reason code. See 14-B-Appendix, NOTICE CODES .

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Canceling an Ineligible Alien (Cont.)	TD03 ENTRY RSN	<u>Individual</u> Enter G.
	TD03 MED ST	Enter N.
	TD03 MED RSN	Enter the notice reason code. See 14-B-Appendix, NOTICE CODES . After these entries update, the MED ST code will update to F and the FUND code to 9.
Changing Medical Status		Make sure the medical aid type is correct and update any demographic information.
	TD03 ENTRY RSN	Enter A or C.
	TD03 MED ST	Enter A or C.
	TD03 MED RSN	Enter the notice reason code. See 14-B-Appendix, NOTICE CODES .
Reinstating Ineligible Alien	TD03 FUND	Enter 1, A, R, S, or C (for minor parents only).
	TD03 ENTRY RSN	Enter B.
	TD03 MED ST	Enter F.
	TD03 MED RSN	Re-enter the notice reason code. See 14-B-Appendix, NOTICE CODES .
Re-opening an Ineligible Alien	TD03 FUND	Enter S.
	TD03 ENTRY RSN	Enter C.
	TD03 MED ST	Enter F.
	TD03 MED RSN	Re-enter the notice reason code. See 14-B-Appendix, NOTICE CODES .
	TD03 FUND	Enter S.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Medicare Premium		<p>The Medicare premium code indicates whether the client pays the premium. It is automatically changed when buy-in or buy-out occurs. The standard premium amount is used in calculations when the MP code is Y.</p> <p>Sometimes a recipient is charged a premium that is higher or lower than the standard premium. The difference is recorded on the BCW. Whenever a nonstandard premium exists, document the actions taken in the case record.</p>
Premium Higher Than the Standard	BCW2 DEDUCT 2	If the Medicare premium is higher than the standard, enter the excess deduction (actual premium minus standard premium amount) in this field.
Premium Lower Than the Standard	BCW2 UNEARN 1-4	If the Medicare premium is lower than the standard, enter the difference (standard premium amount minus the actual amount) in an unearned income field.
	BCW2 SR 1-4	Enter X for the corresponding source code.
Medical Transportation		
Approval	TD06 IMM/CAN	Enter Z.
	TD06 AID TP	Enter the case aid type.
	TD06 EFFECT DT	Enter the month that service was received. If the claim covers more than one month, enter the earliest month of service.

ALL CASES WORKER-INITIATED ACTIONS**Medical Transportation**

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Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approval (Cont.)	TD06 # MONTHS	Enter 01.
	TD06 AMT	Enter total amount to be paid. Note: To verify the amount issued, check ISSV.
	TD06 SP ALLOW CD	Enter A.
	TD06 FED ADT	Enter "0" if the fund code of the eligible person is 3 or 4. Enter "1" if the fund code of the eligible person is A, C, 1, 2, or R.
	TD06 PAYEE/ADDR	Enter the name of the person to whom payment is made on the household's behalf. See 14-B-Appendix, TD01 PAYEE/ADDR , for an example.
	TD06 PAYEE/MOD	When the payee is different from the case name, enter the code that identifies the relationship of the payee to the case name. See 14-B-Appendix, TD01 PAYEE/MOD , for valid codes.
	TD06 ADDRESS 1	Enter the first line of the address as it is to appear on the envelope. Exception: When PAYEE/MOD is used, enter the case name here. For more information, see 14-B-Appendix, TD01 ADDRESS 1 .
	TD06 ADDRESS 2	Use this field when the case name appears on the ADDRESS 1 line. Leave blank if not applicable. For more information, see 14-B-Appendix, TD01 ADDRESS 2 .
	TD06 CITY	Enter the name of the city (up to 14 letters). Punctuation is not allowed.
	TD06 STATE	Enter the abbreviation for the state. See 14-B-Appendix, TD01 STATE , for codes.
	TD06 ZIP	Enter the five-digit zip code as it is to appear on the envelope or mailer.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Denial	TD05 MED ENTRY RSN	Enter R (send notice only). Do not enter a status code when using entry reason "R." No entries besides these are allowed in that same day's processing.
	TD05 MED RSN2	Enter 623. For MEPD cases only:
	TD05 CNT EI	Enter the amount of earned income.
	TD05 CNT UI	Enter the amount of unearned income.
Removing Data	TD03 SSN	Use these instructions only when you must remove data without entering new data. For a field that allows any letter codes, use the space bar to remove the data. For a field that allows only numbers, use zeros to remove other numbers. Exception: Enter zeros if the person has not applied for a social security number. Enter nines if the person has applied for a social security number.
Redetermination		Use these instructions only when eligibility under another coverage group has not been established before the effective date of cancellation. If eligibility under another coverage group is known, place the case in that aid type immediately.

ALL CASES WORKER-INITIATED ACTIONS

Iowa Department of Human Services

Redetermination**Title 14** Management Information

Revised December 22, 2006

Chapter B(9) SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Redetermination (Cont.)		Medicaid is canceled automatically during the month-end processes for the second month of a case's eligibility in an automatic redetermination aid type.
	TD01 ENT RSN	Enter H.
	TD01 AID	Enter 14-4 or 64-4.
	TD01 AID CHG DT	Enter the first day of the next system month.
	TD01 MED AID	Enter 14-4 or 64-4.
	TD01 MED CHG DT	Enter the first day of the next system month.
	TD05 MED ENTRY RSN	Enter B to reinstate or C to reopen Medicaid program eligibility.
	TD05 MED STATUS	Enter B to reinstate or C to reopen Medicaid program eligibility.
	TD05 FAC/ST SUPP/ WAV ENTRY	Enter B to reinstate or C to reopen program eligibility.
	TD05 FAC/ST SUPP/WAV STATUS	Enter B to reinstate or C to reopen program eligibility.
	TD03 ENTRY RSN	Enter B to reinstate or C to reopen.
	TD03 MED/ST FAC/ST/WV	Enter B to reinstate or C to reopen program eligibility.
	TD03 MED RSN	The notice reason is system-generated.
	TD03 FUND	Enter the applicable fund code. (See 14-B-Appendix, TD03 Fund.)

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Redetermination (Cont.)	BCW1 ENTRY RSN BCW1 EXT MED	Enter H. Enter the number of months the case can be eligible in this aid type.
Retroactive Medicaid Eligibility	TD05 MED ENTRY RSN TD05 RETRO	Enter H only if the retroactive entry is made after the case is active. Otherwise, enter A. Determine retroactive eligibility, including financial factors. After that determination, enter the code that corresponds with retroactive months' eligibility. The code relates to the application month.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Retroactive Medicaid Eligibility (Cont.)		If you are approving retroactive months for MEPD, make entries on the MEPD system under the RETR screen option.
Sanctions	TD01 MED AID RSCM BCW2	The case actions for sanctions should be used only for the following aid types: 06-0, 06-1, 06-3, 14-0, 14-2, 14-3, 14-4, 30-8, 37-E (zero spenddown), 37-0, 37-2, 38-0, 64-0, 64-2, 64-3, 64-4, 92-0. When adding a sanctioned person to a case, review the MED AID type and RSCM and BCW2 screens for the sanctioned person or household and update, if appropriate. Note: Do not pend a sanctioned person.
Adding a Sanction on a Case	TD05 MED ENTRY RSN	Enter G.
	TD05 MED STATUS	Enter I.
	TD05 RSN2	Enter the case notice reason code. See 14-B-Appendix, NOTICE CODES .
	TD05 MED NEG DT	When using the MED ST code of "I," enter the date Medicaid will be canceled.
Failure to Comply With Third-Party Liability		If the person fails to comply with instructions from the Third-Party Liability Unit, cancel Medicaid eligibility. This action requires timely notice.
	TD03 ENTRY RSN	Enter G.
	TD03 MED ST	Enter I.
	TD03 MED RSN	Enter 960.
	TD03 FUND	Enter S.
	TD03 MED DIS	Enter 00.

ALL CASES WORKER-INITIATED ACTIONS**Sanctions**

Revised November 5, 2004

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Failure to Comply With Third-Party Liability (Cont.)	TD05 MED ENTRY RSN	When there is only one person on the case, use these instructions to close the program line after the individual entries update. Then enter the following: Enter G.
	TD05 MED STATUS	Enter N.
	TD05 FAC ENTRY RSN	Enter G (if active).
	TD05 FAC STATUS	Enter N (if active).
	TD05 FAC RSN 1	Enter 000. Do not enter a notice reason code since the notice has been issued.
	TD05 FAC NEG DT	Enter the last day of the month, allowing for timely notice.
Failure to Cooperate With Child Support		<u>Program</u>
	TD05 MED ENTRY RSN	Enter G.
	TD05 MED STATUS	Enter I.
	TD05 MED RSN2	Enter notice reason 306.
	TD05 MED NEG DATE	Enter the date the case will be canceled.
		<u>Individual</u>
	TD03 MED ENTRY RSN	Enter G.
	TD03 MED ST	Enter I.
	TD03 MED RSN	Enter notice reason code 945.
	TD03 FUND	Enter S.
	TD03 MED DIS	Enter 00.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Failure to Cooperate With HIPP	TD03 ENTRY RSN	Enter G.
	TD03 MED ST	Enter I.
	TD03 MED RSN	Enter notice reason 847.
	TD03 FUND	Enter S.
	TD03 MED DIS	Enter 00.
Failure to Cooperate With Investigation		When there is only one person on the case, use these instructions to close the program line after the individual entries update.
	TD05 MED ENTRY RSN	Enter G.
	TD05 MED STATUS	Enter N.
	TD05 RSN2	Enter 000. Do not use a notice reason code because the notice has been issued.
		<u>Program</u>
Failure to Cooperate With Quality Control	TD05 MED ENTRY RSN	Enter G.
	TD05 MED STATUS	Enter I.
	TD05 MED RSN2	Enter notice reason code 203.
	TD05 MED NEG DATE	Enter the date the case will be canceled.
	TD05 MED ENTRY RSN	Enter G.
	TD05 MED STATUS	Enter I.
	TD05 MED RSN2	Enter notice reason code 203.
	TD05 MED NEG DATE	Enter the date the case will be canceled.

ALL CASES WORKER-INITIATED ACTIONS**State ID Numbers**

Revised April 29, 2005

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
State ID Numbers	TD00 (OR OTHER SCREEN) ST01	<p>When a new application or an application to add a person to an existing case is received, you must check ST01 to see if a state ID exists for any of the applicants.</p> <p>Enter ST01 for OPTION and the literal UNK for the state ID number.</p> <p>Enter the social security number, religious belief (RB) indicator (if the social security number is all zeros), name, date of birth, and sex. Enter 4 in the CD/SCRN field or use the PF4 key. The system searches first on social security number only and then on the other data.</p> <p>Match the information on the client with the information that appears on the screen. If a match is made, use that state ID. If the information is close, do further investigation. The client may have changed a last name or be using a nickname.</p> <p>The county number tells where a case file was last located. The person may have moved, so do not assign a new state ID just because the county is different.</p> <p>If the search does not bring up a state ID number, remove all but the first letter in the client first name field (leave the last name) and search again.</p> <p>Be very careful not to assign duplicate state IDs. Check both ABC and SRS information. The client may have been on SRS, but not ABC, or vice versa. A state ID would be assigned on either system.</p>

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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Transferring Cases to Another County (Cont.)	TD01 RSN	Enter H.
	TD01 CO	Enter the new county's number.
	TD01 WKR	Enter the new worker number. If the new number is not known, enter zeros in the third and fourth positions of the field.
	TD01 INFO	Enter the number of the sending county in the first two positions of the field.
	TD01 RE	Enter TR.
	TD01 LOC	Enter the county number entered in CO.
	TD01 CO RES	Enter the two-digit code for the county where the applicant resides.
	TD01 ENT RSN	Enter H in the Name/Address section.
	TD01 ADDRESS 1 & 2, CITY, ST, ZIP	Enter address changes. The worker receiving the case gets message 328 when these entries update.
Trusts State Supplementary Assistance Eligibility Continues		If the income from a Medicaid qualifying trust is designated for medical payments, report this information on a <i>Supplemental Insurance Questionnaire</i> , 470-2826.
		If the income from a Medicaid qualifying trust makes an applicant ineligible for all programs, deny the application as instructed at Denying an Application under MEDICAID CASE ACTIONS or FACILITY CASE ACTIONS . If the applicant remains eligible for a cash assistance payment despite income from a Medicaid qualifying trust, approve the application, but use fund code of 7 on the TD03. This blocks Medicaid eligibility.

FACILITY CASE ACTIONS**Pending an Application**

Revised May 20, 2003

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions**FACILITY CASE ACTIONS**

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Pending an Application		Pend both the facility and Medicaid programs. Considered people can be pended. This facilitates IEVS matches during the application process for spousal impoverishment cases. (See Spousal Impoverishment .)
	TD01	For a new case, see Case Numbering: Assigning Case Numbers , Aid Type Priority , and Case Name ID for TD01 instructions. See 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification , to complete the screen.
	TD01 AID	
	TD01 MED AID	
	TD01 CO RES	
	TD01 CNID	
	TD01 ENT RSN	Enter A or H.
	TD01 AID CHG	If using an existing case number, see Aid Type Change .
	TD01 MED CHG	
	TD05 MED ENTRY RSN	Enter A.
	TD05 MED STATUS	Enter D.
	TD05 MED APP DT	Enter the date the application was received in the local office.
	TD05 FAC ENTRY RSN	Enter A.
	TD05 FAC STATUS	Enter D.
	TD05 FAC APP DT	Enter the date the application was received in the office.
	TD05 MR	Enter N.
	TD05 CO	For an ICF/MR case, enter the code for county that has financial responsibility.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Pending an Application (Cont.)	TD03 ENTRY RSN	Enter A.
	TD03	Enter the demographic information needed for the program pended.
	TD03 WVR	Enter code. See 14-B-Appendix, TD03 WVR , for valid facility codes.
	TD03 COS	For an ICF/MR case, enter the code for county that has financial responsibility.
	TD03 MED ST	Enter D.
	TD03 FUND	Enter either: 1 Adult receiving SSI. A Adult who is Medicaid only. 2 Child receiving SSI. C Child who is receiving Medicaid only (except for CMAP-children). Note: If there is an active fund code on the system, an entry of a different fund code with pended status coding will not replace the original fund code.
	TD03 FAC ST	Enter D.
Approving an Application		Note: The system determines eligibility and client participation based on system entries unless: ◆ The date of beginning eligibility is more than one month before the current system month. ◆ A person under age 21 is in an MHI. ◆ A couple is sharing a room in a facility. (See Couple Cases: Spouse in Same Room.)

FACILITY CASE ACTIONS

Approving an Application

Revised February 8, 2008

Iowa Department of Human Services

Title 14 Management Information

Chapter B(9) SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving an Application (Cont.)		<p>Eligibility and client participation must be manually determined in these cases.</p> <p>The system will automatically determine eligibility for the supplement for Medicare and Medicaid eligibles group under aid types 60-M, 13-6, 63-6, 64-5, 73-1, 73-2, 73-3, 73-4, and 73-5.</p> <p>The eligibility requirements include a specific poverty level for recipients.</p> <ul style="list-style-type: none"> ◆ Clients with aid types 13-6, 63-6, 64-5, 73-1, 73-2, 73-3, 73-4, or 73-5 must have a poverty level of 135% or above. ◆ Clients with aid type 60-M must have a poverty level of 135% to 149%.
Automated Nursing Facility, ICF/MI, ICF/MR, MHI, Psychiatric Hospital, Hospice	TD01 AID TD01 MED AID TD01 CO RES TD01 CNID TD01 ENT RSN TD01 AID CHG DT TD01 MED CHG DT TD05 MED ENTRY RSN TD05 MED STATUS	<p>For a new case, see Case Numbering: Assigning Case Numbers, Aid Type Priority, and Case Name ID for TD01 instructions. See 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification, to complete the screen.</p> <p>Enter A or H.</p> <p>If the Medicaid is currently in an active status, see Aid Type Change.</p> <p>Note: Remove the WVR code on TD03 by using the space bar.</p> <p>Enter H if the master MED STATUS is A, B, or C. Otherwise, enter A to approve or C for approval, no application.</p> <p>If the master MED STATUS is A, B, or C, leave blank. Otherwise, enter A if MED ENTRY RSN is A. Enter C if MED ENTRY RSN is C.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Automated (Cont.)	TD05 MED APP DT	Enter the date the application was received in the local office. If the date was entered to pend the application, recoding is not necessary. If MED ENTRY RSN was H, leave blank.
	TD05 MED POS DT	Enter the first day of the month in which the client becomes eligible. If MED ENTRY RSN was H, leave blank.
	TD05 MED AD	Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an "A" in MED STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05 MR	Enter N.
	TD05 RETRO	Code TD05 RETRO for all the months you have determined the client to be eligible for retroactive medical assistance. Note: If medical eligibility predates the retroactive Medicaid period and was not previously recorded, submit a <i>Request for Special Update</i> , 470-0397, or enter an SSI-related Medicaid approval without the pending step and without entering an X in RETRO.
	TD05 FAC ENTRY RSN	Enter A to approve. Enter C for approval, no application.
	TD05 FAC STATUS	Enter A to approve. Enter C for reopen, no application.
	TD05 FI	Enter a space. (Press spacebar key.)

FACILITY CASE ACTIONS**Approving an Application**

Revised February 8, 2008

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Automated (Cont.)	TD05 FAC APP DT	Enter the date the application was received in the local office. If the date was entered to pend the application, recoding is not necessary.
	TD05 FAC POS DT	Enter the date the client became eligible for payment for facility care.
	TD05 FAC AD	Enter the code that indicates the timeliness of any approved facility application. Entry is required when entering an "A" in FAC STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05 FAC MED CP CD	Enter the facility type code.
	TD05 VENDOR	Enter the vendor number. Obtain the number from the facility. See also 14-B(4), INPI Screen .
	TD05 FLH	For aid types 13-1, 63-1, and 73-1 only, enter any amount to be issued for monthly additional personal needs allowance for clients with income of less than \$50 per month. See also Issuing Additional Personal Needs Allowance for Past and Current Months .
	TD05 CO	For an ICF/MR case, enter the code for county that has financial responsibility. Any entry made here must also be made in COS field on TD03.
	RSCM BENEFIT MONTH	Enter RSCM screens from the month of the facility positive date forward. The months entered must include the next system month. They cannot be further in the future than the next system month. Select the RSCM screen by entering the benefit month. The earliest benefit month entered is the facility positive date.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Automated (Cont.)	RSCM AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.
	RSCS BENEFIT MONTH	<p>Enter RSCS screens from the month of the facility positive date forward. The months entered must include the next system month. They cannot be further in the future than the next system month.</p> <p>Select the RSCS screen by entering the benefit month. The earliest benefit month entered is the facility positive date.</p>
	RSCS AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.
	TD03 ENTRY RSN	<p>Note: Approvals will not roll from the program line to the individual's programs even when previously pended.</p> <p>Enter H if the master MED ST is A, B, or C. Otherwise, enter A to approve or C to reopen. This entry must be the same as the MED ENTRY RSN used on TD05.</p>
	TD03	Complete any needed demographic information. See 14-B-Appendix, TD03 , for valid codes.
	TD03 OHP	Enter the applicable code. See 14-B-Appendix, TD03 OHP .
	TD03 MP	Enter Y if the Medicare premium is withheld from the social security check. Enter N if the premium is not withheld.
	TD03 WVR	Check this field for existing waiver codes to avoid errors. If the waiver code displayed is no longer valid, remove the code. (Press space bar key to remove.)

FACILITY CASE ACTIONS**Approving an Application**

Revised February 8, 2008

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Automated (Cont.)	TD03 COS	For an ICF/MR case, enter the code for county that has financial responsibility.
	TD03 MED ST	If the master displays A, B, or C, make no entry. Otherwise, enter A to approve or C to reopen.
	TD03 FUND	Enter either: 1 Adult receiving SSI. A Adult who is Medicaid only. 2 Child receiving SSI. C Child who is receiving Medicaid only (except for CMAP-children).
	TD03 POV	Enter the percentage of the federal poverty level for the client, if required. (See 14-B-Appendix, TD03 POV , for aid types where no entry is needed in this field.)
	TD03 FAC ST	Enter A to approve. Enter C to reopen.
	TD03 HEALTH	Enter the applicable code for Medicare coverage.
	BCW2 BENEFIT MONTH	Enter BCW2 income and deductions from the month of the facility positive date forward. The months entered must include the next system month. They cannot be further in the future than the next system month. Select the applicable BCW2 by entering the person's state ID number and the benefit month. The earliest benefit month entered is the facility positive date. There may be entries for up to three months: ♦ The next system month only. ♦ The current and next system months. ♦ The first prior month, the current month, and the next system month. (If more than three months' BCW2s are needed, manual calculation is required.)

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Automated (Cont.)	BCW2 THRU MO	<p>You can use the THRU MO field to generate multiple, identical BCW2s. The system will generate BCW2s for each month from the date in the BEN MO field through the date entered in the THRU MO field.</p> <p>If the THRU MO field is blank or 00 00, the system will generate a single BCW2 for the month entered in the BEN MO field.</p> <p>When BCW2s are entered for three benefit months, the <i>Notice of Decision</i> covers all three months. If the results vary, the system does the client participation updates to ABC and the facility system in a two-step sequence.</p>
	BCW2 ENTRY RSN	Enter H.
	BCW2 PI	Entries of both D and C are needed.
	BCW2 E/B	<p>Code all income as A, unless different amounts are used to determine eligibility and benefits.</p> <p>If different amounts are used, code E on one line and B on another line. It does not matter which indicator is used on which line, but all indicators for one program must be entered on one screen.</p> <p>When using both E and B codes, do not push ENTER between entering the E and B lines. If you make an error in the entry, delete the transaction and reenter the data.</p>
	BCW2 EARNED 1-5	Enter gross earned income. (The system will subtract the applicable earned income deduction.)

FACILITY CASE ACTIONS**Approving an Application**

Revised January 16, 2009

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Automated (Cont.)	BCW2 UNEARN 1-4 OTHER UI	Enter the amount of unearned income. Enter the social security amount before deduction for the Medicare premium. Determine this amount by adding the Medicare premium amount and any overpayment deduction amount to the net social security income figure. Enter the total even if the buy-in is not complete.
	BCW2 SR 1-4, SR	Enter the code to identify the source of unearned income.
	BCW2 DEDUCT 1	Enter the amount of expenses of the home in the month of entry or discharge, client participation owed elsewhere, and expenses of a previous living arrangement.
	BCW2 DEDUCT 2	Enter the amount of any unmet medical expenses, health insurance premiums, and unmet medical needs. When the TD03 MP entry is Y, the system automatically deducts the Medicare premium in the calculations for medical institution cases. If the premium exceeds the standard, enter the excess here. See Medicare Premium for more information.
	BCW2 P DED NEED	Enter the veteran's \$90 income exemption, if applicable. See 8-I, Residents of the Iowa Veterans Home . For PMIC, enter the amount retained by the state.
	BCW2 P DED PAY	Enter the amounts for diversion to the community spouse and dependents. (The personal needs allowance is deducted automatically.) Enter the trust administration fee on cases with a medical assistance income trust.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
PMIC	<p>TD01 AID</p> <p>TD05 FAC MED CP CD</p> <p>TD05 VENDOR</p>	<p>Use the instructions for other facilities (above), except for the following:</p> <p>Enter 37-7.</p> <p>Enter H.</p> <p>Enter the PMIC vendor number. See also 14-B(4), INPI Screen, and 8-K, Facility Participation in Medicaid.</p> <p>If the child leaves the facility before a Medicaid determination is made, Quality Assurance must create a Medicaid file (SSNI screen).</p> <p>For instructions, see 6-Appendix, Request for ISIS Changes, Form 470-3924.</p> <p>The Field Operations Support Unit will assist in updating ISIS upon receipt of e-mailed form 470-3924.</p>
Manual Nursing Facility, ICF/MI, ICF/MR, MHI, Psychiatric Hospital, Hospice, PMIC	<p>TD01 AID</p> <p>TD01 MED AID</p> <p>TD01 CO RES</p> <p>TD01 CNID</p> <p>TD01 AID CHG DT MED CHG DT</p> <p>TD05 MED ENTRY RSN</p> <p>TD05 MED STATUS</p>	<p>For a new case, see Case Numbering: Assigning Case Numbers, Aid Type Priority, and Case Name ID for TD01 instructions. See 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification, to complete the screen.</p> <p>If the Medicaid is currently in an active status, see Aid Type Change.</p> <p>Note: Any waiver case must be closed before opening the client on a facility case. Remove the WVR code on TD03 by using the space bar.</p> <p>Enter H if the master MED STATUS is A, B, or C. Otherwise, enter E.</p> <p>If the master MED STATUS is A, B, or C, leave blank. Otherwise, enter A to approve or C to reopen, no application.</p>

FACILITY CASE ACTIONS**Approving an Application**

Revised February 8, 2008

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Manual (Cont.)	TD05 MED APP DT	Enter the date the application was received in the local office. If the date was entered to pend the application, recoding is not necessary. If MED ENTRY RSN was H, leave blank.
	TD05 MED POS DT	Enter the first day of the month in which the client becomes eligible. If MED ENTRY RSN was H, leave blank.
	TD05 MED AD	Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an "A" in MED STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05 MR	Enter N.
	TD05 RETRO	Code TD05 RETRO for all the months you have determined the client to be eligible for retroactive medical. Note: If medical eligibility predates the retroactive Medicaid period and was not previously recorded, submit a <i>Request for Special Update</i> , 470-0397, or enter an SSI-related Medicaid approval without the pending step and without entering an X in RETRO field.
	TD05 FAC ENTRY RSN	Enter E.
	TD05 FAC STATUS	Enter A to approve. Enter C to reopen, no application.
	TD05 FI	Enter X. Send a manually prepared notice of decision, using form 470-0490, <i>Notice of Decision: Medical Assistance or State Supplementary Assistance</i> .

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Manual (Cont.)	TD05 FAC RSN 1	Enter facility action code 070 for approval. See 14-B-Appendix, ACTION CODES . Do not use 000 for facility. The subsystem does not recognize 000.
	TD05 FAC APP DT	Enter the date in the local office received the application, unless the date was already entered to pend the application.
	TD05 FAC POS DT	Enter the date the client became eligible for payment for facility care.
	TD05 FAC AD	Enter the code that indicates the timeliness of any approved facility application. Entry is required when entering an "A" in FAC STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05 FAC MED CP CD	Enter the facility type code.
	TD05 VENDOR	Enter the vendor number. (Obtain this number from the vendor.)
	TD05 1ST CP AMT	Enter the amount of client participation for the month of the FAC POS DT.
	TD05 ONGOING CP	Enter the amount of client participation for the month after the FAC POS DT.
	TD05 FLH	For aid types 13-1, 63-1, or 73-1 only, enter the amount to be issued for monthly additional personal needs allowance for clients with income of less than \$50 per month. Also see, Issuing Additional Personal Needs Allowance for Past and Current Months .
	TD05 CO	For an ICF/MR case, enter the code for county that has financial responsibility. Any entry made here must also be made in the COS field on TD03.

FACILITY CASE ACTIONS**Approving an Application**

Revised February 8, 2008

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Manual (Cont.)	TD03 ENTRY RSN	Enter H if the master MED ST is A, B, or C. Otherwise, enter E. Note: Approvals and denials will not roll from the program line to the individual's programs even when previously pended.
	TD03	Complete any needed demographic information. See 14-B-Appendix, TD03 , for valid codes.
	TD03 OHP	Enter applicable code. See 14-B-Appendix, TD03 , for valid codes.
	TD03 MP	Enter Y if the Medicare premium is withheld from the check. Enter N if it is not withheld.
	TD03 WVR	Check the WVR field for existing waiver codes to avoid errors. If a waiver code is displayed and is no longer valid, remove it. (Press space bar key to remove.)
	TD03 COS	For an ICF/MR case, enter the code for county that has financial responsibility.
	TD03 MED ST	If the master displays A, B, or C, make no entry. Otherwise, enter A to approve or C to reopen.
	TD03 FUND	Enter either: 1 Adult receiving SSI. A Adult who is Medicaid only. 2 Child receiving SSI. C Child who is receiving Medicaid only (except for CMAP-children).
	TD03 POV	Enter the percentage of the federal poverty level for the client, if required. (See 14-B-Appendix, TD03 POV , for aid types where no entry is needed in this field.)
	TD03 FAC ST	Enter A to approve. Enter C to reopen.
	TD03 HEALTH	Enter applicable code.

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FACILITY CASE ACTIONS**Approving an Application**

Revised August 18, 2006

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Manual (Cont.)	TD05 ONGO CP	Enter zeros. Once Medicare is exhausted, client participation must be changed on the TD05 screen if the client qualifies for facility payment under the 300% group.
Denying an Application	TD01 TD01 AID TD01 MED AID TD01 CO RES TD01 CNID TD01 ENT RSN TD01 AID CHG DT TD01 MED CHG DT TD05 MED ENTRY RSN TD05 MED STATUS TD05 FAC ENTRY RSN TD05 FAC STATUS TD05 FI TD05 FAC RSN 2 TD05 FAC APP DT	For new cases, see Case Numbering: Assigning Case Numbers , Aid Type Priority , and Case Name ID to set up the identification and address sections. See 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification , to complete screen. Enter A or H. If you are using an existing case number, see Aid Type Change . Enter A. Enter M. Enter A. Enter M. Enter a space. (Press the spacebar key.) Enter the notice reason. Do not use 613. "000" notice reason may be used to block the notice when a manual notice is issued for denial. Enter the date the local office received the application. If this was entered to pend the application, reentry is not necessary.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Denying an Application (Cont.)	TD03 ENTRY RSN TD03 TD03 MED ST TD03 FAC ST	<p>Note: Denials will not roll from the program line to the individual's programs even when previously pended.</p> <p>Complete any needed demographic information. See 14-B-Appendix, TD03, for valid codes.</p> <p>Enter M.</p> <p>Enter M.</p>
Reopening Case Automated Nursing Facility, Hospice ICF/MI, ICF/MR, MHI, Psychiatric Hospital		<p>Note: The system determines eligibility and client participation based on system entries unless:</p> <ul style="list-style-type: none"> ◆ The date of beginning eligibility is more than one month before the current system month. ◆ A person under age 21 is in an MHI. ◆ A couple is sharing a room in a facility. (See Couple Cases: Spouse in Same Room.) <p>In these cases, eligibility and client participation must be manually determined.</p> <p>If the Medicaid is currently in an active status, see Aid Type Change.</p>

FACILITY CASE ACTIONS**Reopening Case**

Revised February 8, 2008

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Automated (Cont.)	TD05 MED ENTRY RSN	Enter H if the master MED STATUS is A, B, or C. Otherwise, enter C to reopen.
	TD05 MED STATUS	If the master MED STATUS is A, B, or C, leave blank. Otherwise, enter C if MED ENTRY RSN is C.
	TD05 MED APP DT	Enter the date the application was received in the local office. If the date was entered to pend the application, reentry is not necessary. If MED ENTRY RSN was H, leave blank.
	TD05 MED POS DT	Enter the first day of the month in which the client becomes eligible. If the MED ENTRY RSN was H, leave blank.
	TD05 MED AD	Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an "A" in MED STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05 MR	Enter N.
	TD05 RETRO	Code TD05 RETRO for all the months you have determined the client to be eligible for retroactive medical assistance.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Automated (Cont.)		Note: If Medicaid eligibility predates the retroactive period and was not previously recorded, submit a <i>Request for Special Update</i> , 470-0397, or enter an SSI-related Medicaid approval without the pending step and without entering an X in RETRO.
	TD05 FAC ENTRY RSN	Enter C to reopen.
	TD05 FAC STATUS	Enter C to reopen.
	TD05 FI	Enter a space. (Press spacebar key.)
	TD05 FAC APP DT	Enter the date the application was received in the local office. If the date was entered to pend the application, recoding is not necessary.
	TD05 FAC POS DT	Enter the date the client became eligible for payment for facility care.
	TD05 FAC MED CP CD	Enter the facility type code.
	TD05 VENDOR	Enter the vendor number. (Obtain this number from the vendor.)
	TD05 FLH	For aid types 13-1, 63-1, or 73-1 only, enter the amount to be issued for monthly additional personal needs allowance for clients with income of less than \$50 per month. Also see, Issuing Additional Personal Needs Allowance for Past and Current Months .
	RSCM BENEFIT MONTH	Enter RSCM screens from the month of the facility positive date forward. The months entered must include the next system month. They cannot be further in the future than the next system month. Select the applicable RSCM screen by entering the benefit month. The earliest benefit month entered is the facility positive date.

FACILITY CASE ACTIONS**Reopening Case**

Revised August 18, 2006

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Automated (Cont.)	RSCM AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.
	RSCS BENEFIT MONTH	Enter RSCS screens from the month of the facility positive date forward. The months entered must include the next system month. They cannot be further in the future than the next system month. Select the applicable RSCS screen by entering the benefit month. The earliest benefit month entered is the facility positive date.
	RSCS AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.
	TD03 ENTRY RSN	Note: Approvals and denials will not roll from the program line to the individual's programs even when previously pended. Enter H if the master MED ST is A, B, or C. Otherwise, enter C to reopen. This entry must be the same as the MED ENTRY RSN used on TD05.
	TD03	Complete any needed demographic information. See 14-B-Appendix, TD03 , for valid codes.
	TD03 OHP	Enter the applicable code.
	TD03 MP	Enter Y if the Medicare premium is withheld from the social security check. Enter N if the premium is not withheld.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Automated (Cont.)	TD03 MED ST	If the master displays A, B, or C, make no entry. Otherwise, enter C to reopen.
	TD03 FUND	Enter either: 1 Adult receiving SSI. A Adult who is Medicaid only. 2 Child receiving SSI. C Child who is receiving Medicaid only (except for CMAP-children).
	TD03 POV	Enter the percentage of the federal poverty level for the client, if required. See 14-B-Appendix, TD03 POV , for aid types where no entry is needed in this field.
	TD03 FAC ST	Enter C to reopen.
	TD03 HEALTH	Enter applicable code for Medicare coverage.
	BCW2 BENEFIT MONTH	Enter BCW2 income and deductions from the month of the facility positive date forward. The months entered must include the next system month. They cannot be further in the future than the next system month. Select the applicable BCW2 by entering the person's state ID and the benefit month. The earliest benefit month entered is the facility positive date. There may be entries for one, two, or three months: ♦ The next system month only. ♦ The current and next system months. ♦ The first prior month, current month, and next system months.

FACILITY CASE ACTIONS**Reopening Case**

Revised December 22, 2006

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Automated (Cont.)	BCW2 THRU MO	<p>(If more than three months BCW2s are needed, manual calculation is necessary.)</p> <p>You can use the THRU MO field to generate multiple, identical BCW2s. The system will generate BCW2s for each month from the date in the BEN MO field through the date entered in the THRU MO field.</p> <p>If the THRU MO field is blank or 00 00, the system will generate a single BCW2 for the month entered in the BEN MO field.</p> <p>When BCW2s are entered for three benefit months, the <i>Notice of Decision</i> covers all three months. If the results vary, the client participation updates to ABC and the facility system are done by the system in a two-day sequence.</p>
	BCW2 ENTRY RSN	Enter H.
	BCW2 PI	Entry of both D and C are needed.
	BCW2 E/B	Code all income as A, unless different amounts are used to determine eligibility and benefits.
		<p>If different amounts are used, enter code E on one line and code B on another line. It does not matter which code is used on which line, but all indicators for one program must be entered on one screen.</p> <p>When using both E and B codes, do not push ENTER between entering the E line and the B line. If you make an error in the E/B entry, delete the transaction and reenter the data.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Automated (Cont.)	BCW2 EARNED 1-5	Enter gross earned income. (The system subtracts the earned income deduction.)
	BCW2 SR 1-4, SR	Enter the code to identify the source of unearned income.
	BCW2 UNEARN 1-4 OTHER UI	Enter the amount of unearned income. Enter the social security amount before deduction for the Medicare premium. Determine this amount by adding the Medicare premium amount and any overpayment deduction amount to the net social security income figure. Enter the total even if the buy-in is not complete.
	BCW2 DEDUCT 1	Enter expenses of the home in the month of entry or discharge, client participation owed elsewhere, and expenses of a previous living arrangement.
	BCW2 DEDUCT 2	Enter health insurance premiums and any unmet medical expenses or needs. When TD03 MP is Y, the system automatically deducts the Medicare premium in the calculations for medical institution cases. If the premium exceeds the standard, enter the excess here. See Medicare Premium for more information.
	BCW2 P DED NEED	Enter the veterans' additional \$90 deduction, if applicable. For PMIC, enter the amount retained by the state.
	BCW2 P DED PAY	Enter amounts for diversion to the community spouse and dependents. (The personal needs allowance is deducted automatically.) Enter the trust administration fee on cases with a medical assistance income trust.

FACILITY CASE ACTIONS**Reopening Case**

Revised February 8, 2008

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
<p>Automated (Cont.)</p> <p>PMIC</p>	<p>TD01 ENT DT</p> <p>TD01 AID, MED AID</p> <p>TD05 FAC MED CP CD</p> <p>TD05 VENDOR</p>	<p>Follow instructions for other facilities, above, except as noted:</p> <p>Enter H.</p> <p>Enter 37-7.</p> <p>Enter H.</p> <p>Enter the PMIC vendor number. See also 14-B(4), INPI Screen, and 8-K, Facility Participation in Medicaid.</p> <p>If the child leaves the facility before a Medicaid determination is made, Quality Assurance must create a Medicaid eligibility file (SSNI screen).</p> <p>The Field Operations Support Unit will assist in updating ISIS upon receipt of e-mailed form 470-3924. For instructions, see 6-Appendix, Request for ISIS Changes, Form 470-3924.</p>
<p>Manual</p> <p>Nursing Facility, Hospice, ICF/MR, ICF/MI, MHI, Psychiatric Hospital, PMIC</p>	<p>TD01 ENT RSN AID AID CHG DT MED AID MED CHG DT</p> <p>TD05 MED ENTRY RSN</p> <p>TD05 MED STATUS</p> <p>TD05 MED APP DT</p>	<p>If the Medicaid is currently in an active status, see Aid Type Change.</p> <p>Enter H if the master med status is A, B, or C. Otherwise, enter E.</p> <p>If the master MED STATUS is A, B, or C, leave blank. Otherwise, enter A to approve or C to reopen.</p> <p>Enter the date the application was received in the local office, unless the date was entered to pend the application. If MED ENTRY RSN was H, leave blank.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Manual (Cont.)	TD05 MED POS DT	Enter the first day of the month in which the client becomes eligible. If MED ENTRY RSN was H, leave blank.
	TD05 MED AD	Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an "A" in MED STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05 MR	Enter N.
	TD05 RETRO	Code TD05 RETRO for all the months you have determined the client to be eligible for retroactive medical. Note: If medical eligibility predates the retroactive Medicaid period and was not previously recorded, submit a <i>Request for Special Update</i> , 470-0397, or enter an SSI-related Medicaid approval without the pending step and without entering an X in RETRO field.
	TD05 FAC ENTRY RSN	Enter E.
	TD05 FAC STATUS	Enter C to reopen.
	TD05 FI	Enter X. Send a manually prepared <i>Notice of Decision: Medical Assistance or State Supplementary Assistance</i> , form 470-0490.
	TD05 FAC RSN 1	Enter the code for reopening. For codes, see 14-B-Appendix, ACTION CODES . Do not use 000 for facility, because the subsystem does not recognize 000.
	TD05 FAC APP DT	Enter the date the application was received in the local office, unless the date was already entered to pend the application.

FACILITY CASE ACTIONS**Reopening Case**

Revised February 8, 2008

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Manual (Cont.)	TD05 FAC POS DT	Enter the date the client became eligible for payment for facility care.
	TD05 FAC AD	Enter the code that indicates the timeliness of any approved facility application. Entry is required when entering an “A” in FAC STATUS. If the application is processed timely, use code “A.” If the application is untimely, enter the reason for the processing delay.
	TD05 FAC MED CP CD	Enter the facility type code.
	TD05 VENDOR	Enter the vendor number. (Obtain the number from the vendor.)
	TD05 1ST CP AMT	Enter the amount of client participation for the month of the FAC POS DT.
	TD05 ONGOING CP	Enter the amount of client participation for the month after the FAC POS DT.
	TD05 FLH	For aid types 13-1, 63-1, or 73-1 only, enter any amount to be issued for monthly additional personal needs allowance for clients with income of less than \$50 per month. Also see Issuing Additional Personal Needs Allowance for Past and Current Months .
	TD03 ENTRY RSN	Enter H if the master MED ST is A, B, or C. Otherwise, enter E. Note: Approvals and denials will not roll from the program line to the individual’s programs even when previously pended.
	TD03	Complete any needed demographic information. See 14-B-Appendix, TD03 , for valid codes.
	TD03 OHP	Enter the applicable code. See 14-B-Appendix, TD03 , for valid codes.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Manual (Cont.)	TD03 MP	Enter Y if the Medicare premium is withheld from the check. Enter N if the premium is not withheld.
	TD03 MED ST	If the master displays A, B, or C, make no entry. Otherwise, enter A to approve or C to reopen.
	TD03 FUND	Enter either: 1 Adult receiving SSI. A Adult who is Medicaid only. 2 Child receiving SSI. C Child who is receiving Medicaid only (except for CMAP-children).
	TD03 POV	Enter the percentage of the federal poverty level for the client, if required. (See 14-B-Appendix, TD03 POV , for aid types where no entry is needed in this field.)
	TD03 FAC ST	Enter C to reopen. Note: After client participation has updated, make entries to change to automated client participation with the facility positive date of the first month that allows automated client participation (if the restrictions on automated calculations do not apply to the case ongoing). (See Changing Client Participation .) If the case is not automated when the buy-in or some other action is done, the income on the BCW2 will be zero. Consequently, the client participation calculation is zero.
	TD03 HEALTH	Enter the applicable code.

FACILITY CASE ACTIONS**Reopening Case**

Revised August 18, 2006

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
QMB Eligibles in a Medicare-Certified Nursing Facility		<p>People who are QMB-eligible and reside in a Medicare-certified nursing facility have client participation of zero while Medicare or Medicaid pays the entire cost or participates in costs of care. (Medicare pays 100% for the first 20 days. Medicaid pays the coinsurance for days 21-100.)</p> <p>People who apply for QMB and are not eligible under the QMB program when they enter the facility shall be charged client participation for any of the 21st through 100th days in the Medicare-certified nursing facility that are before QMB eligibility.</p> <p>These instructions are for people who are currently QMB-eligible in other than a QMB aid type. QMB aid types (90-0 or 90-2) are excluded, because client participation does not apply to them.</p>
	TD05 1ST CP AMT	Enter the amount for days 21 through 100, if any of these days are before QMB eligibility.
	TD05 ONGO CP	<p>Enter zeros.</p> <p>Once Medicare is exhausted, client participation must be changed on the TD05 screen if the client qualifies for facility payment under the 300% group.</p>

FACILITY CASE ACTIONS**Closing a Program**

Revised April 10, 2001

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Client Leaves Facility (Cont.)	TD05 FI	If the client is canceled from Medicaid, enter a space with the spacebar key.
		If the client will remain eligible for Medicaid, enter X and manually send a notice about facility care using form 470-0490.
	TD05 FAC RSN 2	Enter a notice reason even when you don't want a system notice. This entry is necessary for the facility system. (See 14-B-Appendix, NOTICE CODES .)
	TD05 FAC NEG DT	Enter the date the client leaves the facility.
	TD03 ENT RSN	Enter H.
	TD03 MED ST	Enter N.
	TD03 FAC ST	Enter N.
		<u>Step 3</u>
		Reinstate Medicaid if the client is eligible even though no longer residing in a facility.
	TD01 ENT RSN	Enter H.
	TD01 AID MED AID	If the client receives SSI, or would be eligible for SSI if not in a medical institution, enter another SSI aid type.
		If the facility aid type was 300% group, use the automatic redetermination aid type, unless other eligibility can be determined.
	TD01 AID CHG DT MED CHG DT	Enter the first day of the month after the negative date.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Client Leaves Facility (Cont.)	TD05 MED ENTRY RSN	Enter B.
	TD05 MED STATUS	Enter B.
	TD05 MED CP CD	Enter a space. (Press spacebar key.)
	TD05 MED RSN1	Enter 207.
	TD03 ENTRY RSN	Enter B.
	TD03 MED ST	Enter B.
	TD03 FUND	Enter A, unless A shows on the master file then no entry required.
Client No Longer Meets Program Requirements	TD05 MED ENTRY RSN	Enter G.
	TD05 MED STATUS	Enter N.
	TD05 FAC ENTRY RSN	Enter H.
	TD05 FAC STATUS	Enter N.
	TD05 FI	Enter a space. (Press spacebar key.)
	TD05 FAC RSN2	Enter the notice reason.
	TD05 FAC NEG DT	Enter the day after the last date the client is eligible.
	TD03 ENTRY RSN	Enter H.
	TD03 MED ST	Enter N.
	TD03 FAC ST	Enter N.

FACILITY CASE ACTIONS**Closing a Program**

Revised July 18, 2008

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Death	TD05 MED ENTRY RSN	Enter M.
	TD05 MED STATUS	Enter N.
	TD05 MED RSN2	Enter 613.
	TD05 MED NEG DT	Enter the date of death.
	TD05 FAC ENTRY RSN	Enter M.
	TD05 FAC STATUS	Enter N.
	TD05 FI	Enter a space. (Press spacebar key.)
	TD05 FAC RSN 2	Enter 613.
	TD05 FAC NEG DT	Enter the date of death. Press the F6 function key and complete the estate recovery referral, if appropriate.
Changing Address	TD01 ENT RSN	Enter H.
	TD01 NAME ADDRESS	Enter changes.
Changing Client Participation		<p>Note: If a later negative date is already on the facility system, send an e-mail to DHS, ISIS-Facilities.</p> <p>Remember that you must send a timely Notice of Decision when client participation increases.</p> <p>When a vendor adjustment is necessary, always review payment data on the facility system to prepare the adjustment request.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
<p>Changing Client Participation (Cont.)</p> <p>Automated</p>		<p>When buy-in or buy-out occurs, the ABC system changes the client participation for the next month.</p> <p>When you use the automated option, the system determines the client participation amounts and generates a notice. Notice reason code 612 is generated when the system-calculated client participation amount is more than the facility's per diem rate times 31 days.</p>
	TD05 MED ENTRY RSN	Enter H.
	TD05 FAC ENTRY RSN	Enter H.
	TD05 FI	Enter a space. (Press spacebar key.)
	TD05 FAC POS DT	Enter the effective date of the change.
	BCW2	<p>Make applicable entries to change the income or deductions for the first month of the change. This first month must be the same month as was just entered in the FAC POS DT.</p> <p>When the first month of the change is the next system month, no additional entries are needed. When the first month is the current system month, entry is required for the current and next system month.</p> <p>See ALL CASES WORKER-INITIATED ACTIONS: Entering Income and Medicare Premium for more information.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Manual		When you use the manual option, you determine client participation and issue the notice of decision.
	TD05 MED ENTRY RSN	Enter H.
	TD05 FAC ENTRY RSN	Enter H.
	TD05 FI	Enter X. Send a manually prepared notice of decision, form 470-0490.
	TD05 FAC RSN1	Enter 075 when the FAC POS DT is changed. Enter 074 when the FAC POS DT is not changed. (The system edits and corrects these action code entries.) Do not enter 000, because the facility subsystem does not recognize 000.
	TD05 FAC POS DT	Enter the effective date of the change, even when it is the same date as on the master file.
	TD05 FAC MED CP CD	Enter the facility type code if it is different from the one on the master file.
	TD05 1ST CP AMT	Enter the amount of client participation for the month of the FAC POS DT.
	TD05 ONGO CP	Enter the amount of client participation for the month after the FAC POS DT month. Note: After the varied client participation amounts are entered and the system has processed the data, enter the BCW2 data for ongoing as a client participation change. This prepares the case for COLA processing, and any other system-generated calculation.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
QMB Eligibles in a Medicare-Certified Nursing Facility or MHI	TD05 MED ENTRY RSN	Enter H.
	TD05 FAC ENTRY RSN	Enter H.
	TD05 FI	Enter X. Send a manually prepared notice of decision, form 470-0490.
	TD05 FAC RSN 1	Enter 075. Do not enter 000, because the facility subsystem does not recognize 000.
	TD05 1ST CP AMT	Enter the client participation amount for the first month that client participation is being charged. If you are changing client participation because Medicare is exhausted in the middle of the month, enter the amount of client participation for the remainder of that month.
	TD05 ONGO CP	Enter the full monthly amount of client participation for the month after the FAC POS DT month.
	TD05 FAC POS DT	Enter the date for which the 1ST CP AMT is effective (the day after the 100-day or 190-day period, only when client participation is changed due to Medicare being exhausted).
Changing or Inserting Negative Date		Use this action only when the change cannot be passed to ISIS by entering the action in the ABC system. Changes that have effective dates <u>before</u> the current calendar month <u>will not be passed</u> to ISIS when there are later dates already on the ISIS file. OR

FACILITY CASE ACTIONS**Changing or Inserting Negative Date**

Revised April 29, 2005

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Changing or Inserting Negative Date (Cont.)		Changes that have an effective date <u>in</u> the current month <u>will be passed</u> to ISIS, even when there are later dates already on the ISIS file.
		<p>1. A change results in the FAC POS DT being updated to May 1. On April 5, the worker learns that the client was discharged April 2.</p> <p>Since April is the current calendar month, the action taken in ABC to cancel the client's case will pass to ISIS.</p> <p>The date of May 1 already shown on ISIS will be deleted, and the worker will be notified that future program request has been deleted.</p> <p>The worker must decide if information on the future program request needs to be reentered in ABC.</p> <p>2. A change results in the FAC POS DT being updated to May 1. On April 5, the worker learns that the client was discharged March 20.</p> <p>Since March is a past calendar month and ISIS already shows a later date of May 1, action taken in ABC to cancel the client's case <u>will not</u> pass to ISIS.</p>
		<p>When the change will not pass to ISIS, The worker must complete the following steps in addition to canceling in ABC:</p> <p><u>Step 1</u></p> <p>Send form 470-3924 to request changes to ISIS. See 6-Appendix, Request for ISIS Changes, Form 470-3924, for instructions.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Changing or Inserting Negative Date (Cont.)		<p>The Field Operations Support Unit will assist in updating ISIS upon receipt of e-mailed form 470-3924.</p> <p><u>Step 2</u></p> <p>Make entries to close the case. See Closing a Program and send notice.</p>
Changing Level of Care		<p>The Iowa Foundation for Medical Care (IFMC) may determine that a resident of a facility does not require the level of care provided by that facility, but requires a lower level of care.</p> <p>If the facility does not offer the lower level of care, but it is not possible to arrange the transfer of the resident, payment continues to the facility, but at the average rate for the lower level of care.</p> <p>Since the person has not actually changed residence, do not consider this a change in level of care for system purposes. No new entries are needed.</p>
Changing Vendor Number		<p>A change in vendor number is usually due to a change in ownership. ISIS updates the vendor number automatically and notifies workers of the vendor number change. ABC changes must be entered in order for the vendor number on ABC to match ISIS.</p> <p>ISIS uses the full rate from the first provider to automatically calculate the split of client participation between the two provider numbers.</p>

FACILITY CASE ACTIONS**Changing Vendor Number**

Revised April 29, 2005

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Changing Vendor Number (Cont.)		<p>Verify whether there were any bed hold days. If there were no bed-hold days during the time spent under the first provider number, the split of the client participation should be correct and you should approve the change.</p> <p>If there were bed-hold days, recalculate the client participation for the days that the client was on bed hold, using the bed-hold rate from ISIS reports.</p> <p>If the client participation amount is not correct, complete form 470-3924 to request correction. See 6-Appendix, Request for ISIS Changes, Form 470-3924, for instructions.</p> <p>The Field Operations Support Unit will assist in updating ISIS upon receipt of e-mailed form 470-3924.</p>
Vendor Change Date Later Than Facility Positive Date	TD05 MED ENTRY RSN	Enter H.
	TD05 FAC ENTRY RSN	Enter H.
	TD05 FI	Enter X.
	TD05 FAC RSN1	Enter 077.
	TD05 FAC POS DT	Enter the effective date of the vendor number change.
	TD05 VENDOR	Enter the new vendor number. (Obtain this number from the vendor.)
	TD05 1ST CP AMT	Enter the amount of client participation for the month of the FAC POS DT.
	TD05 ONGO CP	Enter the amount of client participation for the month after the FAC POS DT month.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
<p>Vendor Change Date Same as or Before Facility Positive Date</p>		<p>Use these instructions only if:</p> <ul style="list-style-type: none"> ◆ The effective date of the vendor number change is the same as the master facility positive date or an earlier date, and ◆ The effective date is for a past month <p>Regardless of whether the payment has been made, follow these steps to change the vendor in ISIS and ABC:</p> <p><u>Step 1</u></p> <p>Send form 470-3924 to change the vendor number in ISIS. See 6-Appendix, Request for ISIS Changes, Form 470-3924, for instructions.</p> <p>The Field Operations Support Unit will assist in updating ISIS upon receipt of e-mailed form 470-3924.</p> <p><u>Step 2</u></p> <p>Make entries in ABC to close the case. See Closing a Program.</p> <p><u>Step 3</u></p> <p>Make entries to reopen the case in ABC with the correct vendor number. (See Reopening Case.) For the FAC POS DT, enter the effective date of the vendor number change.</p>

FACILITY CASE ACTIONS**Changing Vendor Number**

Revised April 29, 2005

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Vendor Change Date Before Facility Negative Date and Facility Status Is N		<p>Send form 470-3924 to change the vendor number in ISIS. See 6-Appendix, Request for ISIS Changes, Form 470-3924, for instructions.</p> <p>The Field Operations Support Unit will assist in updating ISIS upon receipt of e-mailed form 470-3924.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Correcting Vendor Number		Use this action when the original vendor number was incorrect. These entries cannot be made with any other entries. Dates cannot be changed with the 073 action code.
	TD05 MED ENTRY RSN	Enter H.
	TD05 FAC ENTRY RSN	Enter H.
	TD05 FI	Enter X.
	TD05 FAC RSN1	Enter action code 073.
	TD05 FAC POS DT	The date entered must be the same as the date on the master file.
	TD05 VENDOR	Enter the correct vendor number. (Obtain this number from the facility. See also 14-B(4), INPI Screen .)
	TD05 1ST CP AMT	Reenter the client participation that shows on the screen. Do not change the amount, just reenter .
	TD05 ONGO CP	Reenter the client participation that shows on the screen. Do not change the amount, just reenter .
Couple Cases		
Noninstitutionalized Spouse	TD03 OHP	Enter code 1 when a client in a facility has a spouse or dependent children. This blocks the system-generated notice of decision during any mass change (like COLA). Worker Action Reports are generated to remind you review the case for other actions.

FACILITY CASE ACTIONS

Couple Cases

Revised May 25, 2007

Iowa Department of Human Services

Title 14 Management Information

Chapter B(9) SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Spouse in Same Room	TD03 OHP	<p>Enter code 2 when a client in a facility has a spouse who lives in the same room.</p> <p>This blocks the system-generated notice of decision during any mass change (like COLA). Worker Action Reports are generated to remind you to review the case for other actions.</p>
First Six Months		<p>For the first six months after the month of entry, treat the couple as one household. Add all of the income from each spouse, compare to two times the 300% amount.</p> <p>If the couple is income eligible, manually calculate the client participation by applying the proper deductions to the total income. Divide the total client participation amount by two.</p>
After Six Months	TD05	<p>Set up a separate case for each spouse. Enter each case as a manual calculation. Apply one-half of the client participation to each case.</p> <p>After six months in the facility, the couple may choose to be treated as a couple or as individuals.</p> <p>If they choose to be treated as individuals, treat each case in the same manner as the directions outlined in approving an application for an individual.</p> <p>If they choose to be treated as a couple, treat the couple as one household. Add all of the income from each spouse and compare to two times the 300% amount.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
After Six Months (Cont.)		<p>If the couple is income eligible, manually calculate the client participation by applying the proper deductions to the total income. Divide the total client participation amount by two.</p> <p>Enter each case as a manual calculation. Apply one-half of the client participation to each case.</p>
Spouse in Same Facility but Different Room		
Month of Entry		<p>Treat the couple as one household. Add all of the income from each spouse. Compare to two times the 300% amount.</p> <p>If the couple is income eligible, manually calculate the client participation by applying the proper deductions to the total income. Divide the total client participation amount by two.</p>
	TD05	<p>Set up a separate case for each spouse. Enter each case as a manual calculation. Apply one-half of the client participation to each case.</p>
First Six Months After Entry		<p>Effective the month after the month of entry, treat each person as an individual. Follow the directions for approving an application for an individual.</p> <p>Determine eligibility and calculate client participation separately for each spouse, based on each one's income and resources.</p>

FACILITY CASE ACTIONS**Couple Cases**

Revised April 25, 2000

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
<p>More than Six Months</p> <p>Spouse in Different Facility</p>		<p>After six months in the facility, the couple may choose to be treated as a couple or as individuals.</p> <p>If they choose to be treated as individuals, continue to treat each case in the same manner as during the previous period.</p> <p>If they chose to be treated as a couple, treat them as one household. Add all of the income from each spouse, compare to two times the 300% amount.</p> <p>If the couple is income eligible, manually calculate the client participation by applying the proper deductions to the total income.</p> <p>Divide the total client participation amount by two. Enter each case as a manual calculation and apply one-half of the client participation to each case.</p> <p>Treat each person as an individual, treating each case in the same manner as the directions outlined in approving application for an individual.</p>
Entering Income or Client Participation	<p>TD05</p> <p>BCW2</p> <p>TD05 1ST CP AMT</p>	<p>Make either BCW2 entries or worker-determined client participation entries for the month of the FAC POS DT on TD05 and the month after. See Medicare Premium for more information.</p> <p>When you enter amounts, but BCW2 data are in the system, the system will revert to the BCW2 data when other entries or system actions cause computer calculation of client participation.</p>

FACILITY CASE ACTIONS**Entering Income or Client Participation**

Revised September 29, 2006

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
VA Aid and Attendance and Other Third-Party Payments (Cont.)	BCW2 UNEARN 1-4	Enter the amount of the person's unearned income. See 14-B-Appendix, BCW2 UNEARN 1-4 .
	BCW2 SR (1-4)	Enter D for aid and attendance. Enter Z for third-party payments.
Issuing Additional Personal Needs Allowance for Past and Current Month	TD06 IMM/CAN	If monthly amounts vary, enter each month's payment as a separate TD06 transaction. Enter Z.
	TD06 AID TP	Enter the case aid type.
	TD06 EFFECT DT	The effective date is the earliest month the benefits are issued for.
	TD06 # MONTHS	Enter the total number of months for which issuances of the same amount are needed, including current month. If entering into system after cutoff, include the next calendar month.
	TD06 AMT	Enter the monthly amount.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Move		Note: If a later positive or negative date is already on the facility system, contact the Field Operations Support Unit.
Same Day		Make the following entries if the client leaves one facility and enters another on the same day or is returning to skilled nursing care from a hospital:
	TD05 MED ENTRY RSN	Enter H.
	TD05 FAC ENTRY RSN	Enter H.
	TD05 FI	Enter X. Send a manually prepared notice of decision using form 470-0490.
	TD05 FAC RSN1	Enter code. See 14-B-Appendix, ACTION CODES . Do not use 000. The facility subsystem does not recognize 000.
	TD05 FAC POS DT	Enter the date of entry to the next facility.
	TD05 FAC MED CP CD	Enter the code identifying the type of the second facility. See 14-B-Appendix, TD05 FAC MED CP CD , for codes.
	TD05 VENDOR	Enter the vendor number of the second facility. (Obtain this from the facility. See also 14-B(4), INPI Screen .)
	TD05 1ST CP AMT	Enter the amount of client participation due the second facility.
	TD05 ONGO CP	Enter the full ongoing client participation for the month after the FAC POS DT month.
		After entries process, make BCW2 entries.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Not on Same Day		If the client moves from one facility to another, but not on the same day, make the following entries.
		<u>Step 1</u>
	TD05 MED ENTRY RSN	Enter H.
	TD05 MED STATUS	Enter N.
	TD05 FAC ENTRY RSN	Enter H.
	TD05 FAC STATUS	Enter N.
	TD05 FI	Enter X. Send a manually prepared notice of decision using form 470-0490.
	TD05 FAC RSN 2	Enter 080.
	TD05 FAC NEG DT	Enter the date the client left the first facility.
		<u>Step 2</u>
	TD05 MED ENTRY RSN	Enter C.
	TD05 MED STATUS	Enter C.
	TD05 MED POS DT	Enter the first day of the month of the FAC POS DT.
	TD05 FAC ENTRY RSN	Enter C.
	TD05 FAC STATUS	Enter C.
	TD05 FI	Enter X.
	TD05 FAC RSN 1	Enter code. See 14-B-Appendix, ACTION CODES . Do not enter 000, because the facility subsystem doesn't recognize 000.

FACILITY CASE ACTIONS**Move**

Revised April 10, 2001

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
<p>Not on Same Day (Cont.)</p>	<p>TD05 FAC POS DT</p> <p>TD05 FAC MED CP CD</p> <p>TD05 VENDOR</p> <p>TD05 1ST CP AMT</p> <p>TD05 ONGOING CP</p> <p>TD03 ENTRY RSN</p> <p>TD03 MED ST</p> <p>TD03 FUND</p>	<p>Enter the date the client entered the second facility or returned to a facility.</p> <p>Enter the code identifying the type of the second facility. See 14-B-Appendix, TD05 FAC MED CP CD, for codes.</p> <p>Enter the vendor number. (Obtain this number from the vendor.)</p> <p>Enter the amount of client participation due to the new facility for the month of entry.</p> <p>Enter the ongoing client participation amount.</p> <p>Enter C.</p> <p>Enter C.</p> <p>Enter the applicable code:</p> <p>1 Adult receiving SSI</p> <p>2 Child receiving SSI</p> <p>A Adult receiving Medicaid only</p> <p>C Child receiving Medicaid only (except CMAP)</p> <p>R CMAP</p>
<p>Penalty Due to Transfer of Assets</p> <p>Application for Facility</p>		<p>If an applicant is disqualified for payment for facility care due to a transfer of assets:</p> <p><u>Step 1</u></p> <p>Deny the facility aid type as instructed under Denying an Application. Enter 000 in the notice reason. Issue a manual notice of decision.</p>

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FACILITY CASE ACTIONS**Reviews**

Revised April 10, 2001

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Reviews (Cont.)	<p>TD05 FAC LAST REV</p> <p>TD05 FAC NEXT REV</p>	<p>Enter the month and year of the last review.</p> <p>The system will always generate a 12-month review. If the review must be completed earlier than 12 months after last review, you must enter this date.</p> <p>The system will not generate a review for a case with aid type of 73-3. Enter a tickler for an annual review and document the review in the case record. See 14-B(4) for tickler information.</p>
<p>Spousal Impoverishment</p> <p>Request for Attribution With No Medicaid Application</p>	<p>TD01 ENT RSN</p> <p>TD01 AID</p>	<p>Pend each spouse on a separate case.</p> <p>Enter A.</p> <p>Depending on the age of the person, enter 13-6 or 63-6 for the institutionalized spouse and 14-3 or 64-3 for the community spouse.</p> <p>(For the institutionalized spouse, see Pending an Application. For the community spouse, see MEDICAID CASE ACTIONS: Pending an Application.)</p> <p>Leave both cases pended until an IEVS match is received on both people, or two months have passed. Then deny both cases, using zeros in the notice reason.</p> <p>(For the institutionalized spouse, see Denying an Application. For the community spouse, see MEDICAID CASE ACTIONS: Denying an Application.)</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Request for Attribution With Medicaid Application	<p>TD01 ENT RSN</p> <p>TD01 AID MED AID</p>	<p>Pend each spouse on a separate case.</p> <p>Enter A.</p> <p>Enter the applicable aid type for the institutionalized spouse's application. Depending on the age of the person, enter 14-3 or 64-3 for the community spouse.</p> <p>For the institutionalized spouse, see Pending an Application.</p> <p>For the community spouse, see MEDICAID CASE ACTIONS: Pending an Application.</p> <p>If the institutionalized spouse is <u>not</u> eligible for Medicaid, send a manually prepared <i>Notice of Decision</i> to deny application within the required time limit.</p> <p>Leave <u>both</u> cases pended until an IEVS match is received on both people, or two months have passed. Then deny both cases, entering zeros in the notice reason.</p> <p>(For the institutionalized spouse, see Denying an Application.</p> <p>For the community spouse, see MEDICAID CASE ACTIONS: Denying an Application.)</p> <p>If the institutionalized spouse's Medicaid application is <u>approved</u>, leave the community spouse's case pended until an IEVS match is received on both people or two months have passed.</p> <p>Then deny the community spouse's case, entering zeros in the notice reason. (See MEDICAID CASE ACTIONS: Denying an Application.)</p>

HOME- AND COMMUNITY-BASED WAIVER CASE ACTIONS

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
General Instructions	TD01 TD01 AID TD01 MED AID TD01 CO RES TD01 CNID TD01 INFO	<p>See Case Numbering: Assigning Case Numbers, Aid Type Priority, and Case Name ID for instructions on setting up the TD01 screen on a new case.</p> <p>Close any medical facility case before opening the client on a waiver case. (RCF cases can be open while waiver is active.)</p>
Pending an Application		<p>The first section contains instructions that apply to pending an application for any HCBS waiver. Fields that have entries particular to a certain waiver are described in the sections for each waiver that follow.</p> <p>Note: Do not pend or approve waiver services on a Food Assistance case. Create a separate case with a different FBU. See Establishing FBUs.</p>
All Waivers	TD01 TD01 AID TD01 MED AID TD01 CO RES TD01 CNID	<p>If this is a new case, see Case Numbering: Assigning Case Numbers, Aid Type Priority, and Case Name ID for instructions on this screen. See also 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
All Waivers (Cont.)	TD01 ENT RSN	Enter either: A Application C Approval, no application H Immediate release
	TD01 CO	Enter the number of the county processing the application.
	TD01 WKR	Enter your worker number.
	TD01 INFO	Enter the type of waiver.
	TD01 AID MED AID	Enter the waiver aid type. See the specific waiver section, below, for valid codes.
	TD01 CO RES	Enter the two-digit number for the county in which the client resides. A code of 00 indicates out-of-state placement.
	TD01 CNID	Enter the client's state identification number. See Case Name ID . Pend both the waiver and Medicaid programs.
	TD05 MED ENTRY RSN	Enter A.
	TD05 MED STATUS	Enter D.
	TD05 MED APP DT	Enter the date the local office received the application.
	TD05 MR	Enter N.
	TD05 WAIVER ENTRY RSN	Enter A.
	TD05 WAIVER STATUS	Enter D.
	TD05 WAIVER APP DT	Enter the date the office received the application.

HOME- AND COMMUNITY-BASED WAIVER...**Pending an Application**

Revised August 18, 2006

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
All Waivers (Cont.)	TD03 ENTRY RSN	Enter A.
	TD03	Enter any needed demographic information. See 14-B-Appendix, TD03 , for valid codes.
	TD03 WVR	Enter the waiver code for the application. See the specific waiver section, below.
	TD03 COS	For MR and BI waiver cases, enter the county that has financial responsibility.
	TD03 MED ST	Enter D.
	TD03 FUND	If there is an active fund code on the system, entry of a different fund code with pended status coding will not replace it. See 14-B-Appendix, TD03 FUND .
	TD03 WAIVER ST	Enter D. Use these instructions in addition to the general instructions under All Waivers .
AIDS Waiver	TD01 AID	Enter the aid type corresponding to the person's level of care: 13-6 NF level of care (SSI-A related) 63-6 NF level of care (SSI-D related) 73-1 SNF level of care 73-4 Hospital level of care (SSI-related) If eligibility is with income over the 300% group limit, enter 37-E, Medically Needy.
	TD05	If eligibility is with income over the 300% group limit, enter as Medically Needy, with or without spenddown.
	TD03 WVR	Enter B.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Brain Injury Waiver		Use these instructions in addition to the general instructions under All Waivers .
	TD01 AID	Enter the aid type for the level of care: 63-6 NF level of care (SSI-D related) 73-1 SNF level of care 73-3 ICF/MR level of care
Children's Mental Health Waiver	TD03 WVR	Enter E.
		Use these instructions in addition to the general instructions under All Waivers .
	TD01 AID	Enter 377.
	TD01 MED AID	Enter the applicable medical aid type.
	TD03 OHP	Enter H.
Elderly Waiver	TD03 WVR	Enter H.
		Use these instructions in addition to the general instructions under All Waivers .
	TD01 AID	Enter the applicable aid type: 13-6 NF level of care 73-1 SNF level of care
Ill and Handicapped Waiver	TD03 WVR	Enter C.
		Use these instructions in addition to the general instructions under All Waivers .
	TD01 AID	Enter 64-5 if the client is disabled and at the NF or SNF level of care. Enter 73-3 if the client is at the ICF-MR level of care.
	TD03 WVR	Enter A.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
<p>Mental Retardation Waiver</p> <p>Physical Disability Waiver</p>	<p>TD01 AID</p> <p>TD03 WVR</p> <p>TD01 AID</p> <p>TD03 WVR</p>	<p>Use these instructions in addition to the general instructions under All Waivers.</p> <p>Enter 73-3.</p> <p>Enter D.</p> <p>Use these instructions in addition to the general instructions under All Waivers.</p> <p>Enter the applicable aid type:</p> <p>63-6 300% nursing facility level of care.</p> <p>63-1 Receiving SSI due to disability, at nursing facility level of care.</p> <p>73-1 300% skilled nursing level of care.</p> <p>Enter P.</p>
<p>Approving or Reopening an Application</p>		<p>Begin by checking either the TD07 screen or the INFO screen to see whose name is on the first line. The person on the first line is the one for whom the waiver subsystem file is created, even though that person may not be active.</p> <p>If the wrong person is on the first line, close the case and open a new case number with the correct person entered first on TD03.</p> <p>Note: Do not pend or approve waiver services on a Food Assistance case. Create a separate case with a different FBU. See Establishing FBUs.</p> <p>The system will automatically determine eligibility for the supplement for Medicare and Medicaid eligibles group under aid types 13-6, 63-6, 64-5, 73-1, 73-2, 73-3, 73-4, and 73-5.</p>

HOME- AND COMMUNITY-BASED WAIVER...

Approving or Reopening an Application

Revised June 24, 2005

Iowa Department of Human Services

Title 14 Management Information

Chapter B(9) SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving or Reopening an Application (Cont.)		The eligibility requirements include a specific poverty level for recipients. Clients with aid types of 13-6, 63-6, 64-5, 73-1, 73-2, 73-3, 73-4, or 73-5 must have a poverty level of 120% or above.
	TD01 TD01 AID TD01 MED AID TD01 CO RES TD01 CNID	For a new case, see Case Numbering: Assigning Case Numbers , Aid Type Priority , and Case Name ID to set up the TD01 sections.
		See also instructions in 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification .
	TD01 ENT RSN	Enter: A Application C Approval, no application H Immediate release
	TD01 CO	Enter the number of the county processing the application.
	TD01 WKR	Enter your worker number.
	TD01 INFO	Enter the type of waiver. If the Medicaid is currently in an active status, see Aid Type Change . Note: Close any medical facility case <u>before</u> opening the client on a waiver case. RCF cases can remain open while a waiver is also active.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving or Reopening an Application (Cont.)		If entries are made too early, the case may appear active on the ABC system, but the interface may not occur between ABC and the waiver subsystem.
	TD05 MED ENTRY RSN	Enter H if the master MED STATUS is A, B, or C. Otherwise, enter A to approve or C to reopen.
	TD05 MED STATUS	If the master MED STATUS is A, B, or C, leave blank. Enter A if MED ENTRY RSN is A. Enter C if MED ENTRY RSN is C.
	TD05 MED APP DT	Enter the date the application was received in the local office. If the date was entered to pend the application, recoding is not necessary. If MED ENTRY RSN was H or C, leave blank.
	TD05 MED POS DT	Enter the first day of the month in which the client becomes eligible. If MED ENTRY RSN was H, leave blank.
	TD05 MED AD	Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an "A" in MED STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05 MR	Enter N.
	TD05 RETRO	Code TD05 RETRO for all the months you have determined the client to be eligible for retroactive medical.

HOME- AND COMMUNITY-BASED WAIVER...**Approving or Reopening an Application**

Revised February 8, 2008

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving or Reopening an Application (Cont.)		Note: If medical eligibility predates the retroactive Medicaid period and was not previously recorded, submit a <i>Request for Special Update</i> , 470-0397, or enter an SSI-related Medicaid approval without the pending step and without entering an X in RETRO.
	TD05 WAIVER ENTRY RSN	Enter A to approve. Enter C to reopen.
	TD05 WAIVER STATUS	Enter A to approve. Enter C to reopen.
	TD05 FI	Enter a space. (Press spacebar key.)
	TD05 WAIVER APP DT	Enter the date the application was received in the local office. If the date was entered to pend the application, recoding is not necessary.
	TD05 WAIVER POS DT	Enter the date the client became eligible for payment for waiver care.
	TD05 WAIVER AD	Enter the code that indicates the timeliness of any approved waiver application. Entry is required when entering an "A" in STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05 WAIVER MED CP CD	Enter the waiver type code.
	TD05 VENDOR	Enter zeros.
	RSCM BENEFIT MONTH	Enter RSCM screens from the month of the facility positive date forward. The months entered must include the next system month. They cannot be further in the future than the next system month.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving or Reopening an Application (Cont.)		Select the applicable RSCM screen by entering the benefit month. The earliest benefit month entered is the facility positive date.
	RSCM AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.
	RSCS BENEFIT MONTH	Enter RSCS screens from the month of the facility positive date forward. The months entered must include the next system month. They cannot be further in the future than the next system month.
		Select the applicable RSCS screen by entering the benefit month. The earliest benefit month entered is the facility positive date.
	RSCS AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.
	TD03 ENTRY RSN	Enter A to approve or C to reopen. Note: If TD03 entries are not completed, approvals may not pass properly to ISIS, even when the case was previously pended.
	TD03	Complete any demographic information needed. See 14-B-Appendix, TD03 , for valid codes.
	TD03 OHP	Enter the applicable code. See 14-B-Appendix, TD03 OHP , for codes.

HOME- AND COMMUNITY-BASED WAIVER...**Approving or Reopening an Application**

Revised December 22, 2006

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving or Reopening an Application (Cont.)	TD03 MP	Enter Y if the Medicare premium is withheld from the social security check. Enter N if the premium is not withheld.
	TD03 WVR	Enter the application code from the following: A Ill and handicapped waiver B AIDS/HIV waiver C Elderly waiver D MR waiver E Brain injury waiver P Physical disability waiver H Children's mental health waiver Blank Non waiver
	TD03 MED ST	If the master displays A, B, or C, make no entry. Otherwise, enter A to approve or C to reopen.
	TD03 FUND	Enter either: 1 Adult receiving SSI. A Adult who is Medicaid only. 2 Child receiving SSI. C Child who is receiving Medicaid only (except for CMAP-children).
	TD03 POV	Enter the percentage of the federal poverty level for the client, if required. See 14-B-Appendix, TD03 , for aid types where no entry is needed in this field.
	TD03 COPAY	See 14-B-Appendix, TD03 COPAY , for the correct copayment code.
	TD03 WAIVER ST	Enter A to approve. Enter C to reopen.
	TD03 HEALTH	Enter the applicable code for Medicare coverage.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving or Reopening an Application (Cont.)	BCW2 BENEFIT MONTH	<p>Enter BCW2 income and deductions for the months from the month of the waiver positive date forward through the next system month. Select the applicable BCW2 by entering the person's state ID number and the benefit month.</p> <p>You may make entries for up to three months:</p> <ul style="list-style-type: none"> ◆ The next system month only. ◆ The current and next system months. ◆ The first prior month, the current month, and the next system month. <p>If more than three months BCW2s are needed, manual calculation is required.</p>
	BCW2 THRU MO	<p>You can use the THRU MO field to generate multiple, identical BCW2s. The system will generate BCW2s for each month from the date in the BEN MO field through the date entered in the THRU MO field.</p> <p>If the THRU MO field is blank or 00 00, the system will generate a single BCW2 for the month entered in the BEN MO field.</p> <p>When BCW2s are entered for three benefit months, the <i>Notice of Decision</i> covers all three months. If the results vary, the system does the client participation updates to ABC and the facility system in a two-day sequence.</p>
	BCW2 ENTRY RSN	Enter H.
	BCW2 PI	Entry of both D and C is needed.
	BCW2 E/B	Code all income as A, unless different amounts are used to determine eligibility and benefits.

HOME- AND COMMUNITY-BASED WAIVER...**Approving or Reopening an Application**

Revised August 29, 2008

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving or Reopening an Application (Cont.)		<p>If different amounts are used, enter code E on one line and B on another line. It does not matter which indicator is used on which line, but all indicators for one program must be entered on one screen.</p>
	BCW2 EARNED 1-5	<p>When using both E and B indicators, do not push ENTER between entering the E line and the B line. If you make an error in the E/B entry, delete the transaction and reenter the data.</p>
	BCW2 UNEARN 1-4 OTHER UI	<p>Enter the amount of gross earned income. (The system will subtract the applicable earned income deduction.)</p>
		<p>Enter the amount of unearned income.</p>
	BCW2 SR 1-4, SR	<p>Enter the social security amount before deduction for the Medicare premium. Determine this amount by adding the Medicare premium amount and any overpayment deduction amount to the net social security income figure. Enter the total even if the buy-in is not complete.</p>
	BCW2 DEDUCT 2	<p>Enter the code to identify the source of unearned income.</p>
	BCW2 P DED PAY	<p>Enter the amount of any unmet medical expenses, health insurance premiums, and unmet medical needs.</p> <p>When the TD03 MP entry is Y, the system automatically deducts the Medicare premium in the calculations for medical institution cases. If the premium exceeds the standard, enter the excess here. See Medicare Premium for more information.</p>
		<p>Enter the amounts for diversion to the community spouse and dependents. (The personal needs allowance is deducted automatically.)</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving or Reopening an Application (Cont.)		<p>Enter the trust administration fee on cases with a medical assistance income trust.</p> <p>Note: Unless the restrictions on automated calculations apply to the ongoing case, make entries to change to automated client participation after the manually calculated client participation has updated. Use a facility positive date of the first month that allows automated client participation.</p>
Denying an Application	<p>TD01 TD01 CASE TD01 AID TD01 MED AID TD01 CO RES TD01 CNID</p> <p>TD01 AID CHG DT TD01 MED CHG DT</p> <p>TD01 ENT RSN</p> <p>TD01 CO</p> <p>TD01 WKR</p> <p>TD01 INFO</p> <p>TD05 MED ENTRY RSN</p> <p>TD05 MED STATUS</p> <p>TD05 WAIVER ENTRY RSN</p>	<p>For a new case, see Case Numbering: Assigning Case Numbers, Aid Type Priority, and Case Name ID for TD01 instructions. See also 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification.</p> <p>See Aid Type Change if using an existing case number.</p> <p>Enter:</p> <p>A Application C Approval, no application H Immediate release</p> <p>Enter the number of the county processing the application.</p> <p>Enter your worker number.</p> <p>Enter the type of waiver.</p> <p>Enter A.</p> <p>Enter M.</p> <p>Enter A.</p>

HOME- AND COMMUNITY-BASED WAIVER...**Denying an Application**

Revised December 22, 2006

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Denying an Application (Cont.)	TD05 WAIVER STATUS	Enter M.
	TD05 FI	Enter a space. (Press the spacebar key.)
	TD05 WAIVER RSN 2	Enter the notice reason. Do not use 613. "000" notice reason may be used to deny waiver when a manual notice is issued.
	TD05 WAIVER APP DT	Enter the date the local office received the application. If you entered this to pend the application, reentry is not necessary. Note: Denials will not roll from the program line to the individual's programs even when previously pended.
	TD03 ENTRY RSN	Enter A.
	TD03	Enter all demographic information needed. See 14-B-Appendix, TD03 , for codes.
	TD03 MED ST	Enter M.
	TD03 WAIVER ST	Enter M.
Reviews	TD05 WAIVER ENTRY RSN	Note: See Reviews for Medicaid for coding instructions for Medicaid reviews. Enter H.
	TD05 WAIVER LAST REV	Enter the month and year of the last review.
	TD05 WAIVER NEXT REV	The system will generate a 12-month review. If the review must be completed earlier than 12 months after the last review, you must enter this date.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
<p>Closing Waiver</p> <p>Client Leaves Waiver</p>	<p>TD05 MED ENTRY RSN</p> <p>TD05 MED STATUS</p> <p>TD05 WAIVER FAC ENTRY</p> <p>TD05 WAIVER STATUS</p> <p>TD05 FI</p> <p>TD05 WAIVER RSN2</p> <p>TD05 WAIVER NEG DT</p> <p>TD03 ENTRY RSN</p> <p>TD03 MED STATUS</p> <p>TD03 FAC STATUS</p>	<p>Enter G.</p> <p>Enter N.</p> <p>Enter H.</p> <p>Enter N.</p> <p>Enter X when a notice is not generated. Issue a manual notice.</p> <p>Enter a space (press the spacebar key) if a notice is generated.</p> <p>Enter the notice reason code or three-digit action code. See 14-B-Appendix, NOTICE CODES or ACTION CODES.</p> <p>Enter the day the client leaves the waiver. (The last day services were provided.)</p> <p>Enter H.</p> <p>Enter N.</p> <p>Enter N.</p>
<p>No Longer Meets Waiver Requirements</p>	<p>TD05 MED ENTRY RSN</p> <p>TD05 MED STATUS</p> <p>TD05 WAIVER ENTRY</p> <p>TD05 WAIVER STATUS</p> <p>TD05 WAIVER RSN2</p>	<p>Enter G.</p> <p>Enter N.</p> <p>Enter H.</p> <p>Enter N.</p> <p>Enter the notice reason code or three-digit action code. See 14-B-Appendix, NOTICE CODES or ACTION CODES.</p>

HOME- AND COMMUNITY-BASED WAIVER...**Closing Waiver**

Revised December 22, 2006

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
No Longer Meets Waiver Requirements (Cont.)	TD05 FI	Enter a space (with the spacebar key) if a notice is generated. Enter X when a notice is not generated. Issue a manual notice.
	TD05 WAIVER RSN2	Enter the notice reason code or three-digit action code. See 14-B-Appendix, NOTICE CODES or ACTION CODES .
	TD05 WAIVER NEG DT	Enter the last day of the month allowing for timely notice.
	TD03 ENTRY RSN	Enter H.
	TD03 WVR	Check the existing waiver code and enter the correct code if needed. This will avoid errors in passing the action to ISIS.
	TD03 MED STATUS	Enter N.
	TD03 FAC STATUS	Enter N.
	TD05 MED ENTRY RSN	Enter M.
	TD05 MED STATUS	Enter N.
	TD05 MED RSN2	Enter 613.
Death	TD05 MED NEG DT	Enter the date of death.
		<p>If the person is associated with more than one case, the system:</p> <ul style="list-style-type: none"> ◆ Removes the person from all cases with the person in an active status. ◆ Recalculates benefits. ◆ Sends notices, when appropriate. <p>Message 970 is issued to you when the person was on more than one case.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Death (Cont.)	TD05 WAIVER ENTRY	Enter M.
	TD05 WAIVER STATUS	Enter N.
	TD05 FI	Enter a space (press spacebar key).
	TD05 WAIVER RSN2	Enter 613.
	TD05 WAIVER NEG DT	<p>Enter the date of death. Press the F6 function key and complete the estate recovery referral, if appropriate.</p> <p>If the person is associated with more than one case, the system:</p> <ul style="list-style-type: none"> ◆ Removes the person from all cases with the person in an active status. ◆ Recalculates benefits. ◆ Sends notices, when appropriate. <p>Message 970 is issued to you when the person was on more than one case.</p>

MEDICAID CASE ACTIONS

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Pending an Application	TD01 TD01 AID TD01 MED AID TD01 CO RES TD01 CNID	For a new case, see Case Numbering: Assigning Case Numbers , Aid Type Priority , and Case Name ID for TD01 instructions. See also 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification .
	TD01 ENT RSN	Enter A or H.
	TD01 AID CHG DT TD01 MED CHG DT	See Aid Type Change if you are using an existing case number.
	TD05 MED ENTRY RSN	Enter A.
	TD05 MED STATUS	Enter D.
	TD05 MED APP DATE	Enter the date the local office received the application.
	TD05 MR	Enter N.
	TD03 ENTRY RSN	Enter A.
	TD03	Enter any needed demographic information. See 14-B-Appendix, TD03 , for valid codes.
	TD03 MED ST	Enter D.
	TD03 FUND	Enter the applicable code. See 14-B-Appendix, TD03 FUND , for codes.
Approving an Application		Note: If your case has also had facility care, home- and community-based waiver services, or State Supplementary Assistance eligibility, use those instructions instead of these.

MEDICAID CASE ACTIONS**Approving an Application**

Revised January 16, 2009

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving an Application (Cont.)		<p>Coverage groups that determine eligibility by comparing countable income to the SSI (MEPD) eligibility standard can be system-calculated. You may choose to enter these cases as worker-determined.</p> <p>The system does not determine financial eligibility for these coverage groups:</p> <ul style="list-style-type: none">◆ Automatic redetermination, 14-4 and 64-4◆ Dependent person, 14-6, 24-6, and 64-6◆ Medicaid for Kids with Special Needs, 64-7◆ Medically Needy, 37-E◆ MEPD, 60-M◆ QDWP, 90-0 and 90-2◆ QMB, 90-0 and 90-2◆ SLMB, 90-0 and 90-2◆ Expanded SLMB, 90-0 and 90-2 <p>See specific instructions regarding case actions for these coverage groups.</p> <p>The system automatically determines eligibility for the supplement for Medicare and Medicaid eligibles group under the MEPD aid type. MEPD clients must meet the resource limit of \$12,000 for a single person or \$13,000 for a couple.</p> <p>The eligibility requirements for MEPD clients also include a poverty level of 135% through 149%, as determined by an internal calculation of poverty level based on the TD05 entries in the income fields.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Automated	TD01 TD01 AID TD01 MED AID TD01 CO RES TD01 CNID	For a new case, see Case Numbering: Assigning Case Numbers , Aid Type Priority , and Case Name ID for TD01 instructions. See also 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification .
	TD01 AID CHG DT TD01 MED CHG DT	If you are using an existing case number, see Aid Type Change .
	TD05 MED ENTRY RSN	Enter A.
	TD05 MED STATUS	Enter A.
	TD05 MED APP DT	Enter the date the local office received the application. If you entered this to pend the application, reentry is not necessary.
	TD05 MED POS DT	Enter the first month for which all eligibility factors are met.
	TD05 MED AD	Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an “A” in MED STATUS. If the application is processed timely, use code “A.” If the application is untimely, enter the reason for the processing delay.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Automated (Cont.)	TD05 MR	Enter N.
	TD05 RETRO	<p>Code TD05 RETRO for all the months you have determined the client to be eligible for retroactive medical.</p> <p>Note: If Medicaid eligibility predates the retroactive period and was not previously recorded, submit form 470-0397, <i>Request for Special Update</i>, or enter an SSI-related Medicaid approval without the pending step and without entering an X in RETRO.</p>
	RSCM BENEFIT MONTH	<p>Enter RSCM screens from the month of the Medicaid positive date forward. The months entered must include the next system month. They cannot be further in the future than the next system month.</p> <p>Select the RSCM screen by entering the benefit month. The earliest benefit month entered is the Medicaid positive date.</p>
	RSCM AMOUNTS	<p>Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.</p> <p>Note: Approvals and denials will roll from the program line to the individual's programs when previously pended. However, if you need to make changes to data on the TD03, you must make these entries along with those changes.</p>
	TD03	<p>Complete any needed demographic information. See 14-B-Appendix, TD03, for valid codes.</p>

MEDICAID CASE ACTIONS**Approving an Application**

Revised August 18, 2006

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Automated (Cont.)	TD03 ENTRY RSN	Enter A. No entry is required if the master medical status code is “D” and the FAC/ST/WV status code is “D” and no updating of the individual’s TD03 data is required since the time of pending.
	TD03 MED ST	Enter A.
	TD03 FUND	Enter either: 1 Adult receiving SSI. A Adult who is Medicaid only. 2 Child receiving SSI. C Child who is receiving Medicaid only (except for CMAP children).
	TD03 COPAY	Enter the code that corresponds with the client’s situation. See 14-B-Appendix, TD03 COPAY , for valid codes. If the client has income that is not counted because of a specific coverage group policy, you must manually determine the amount that should not be counted and enter it as a deduction on the BCW2.
	TD03 HEALTH	Enter the applicable code for Medicare coverage.
	BCW2 BENEFIT MONTH	Enter BCW2 income and deductions from the month of the Medicaid positive date forward. The months entered must include the next system month. They cannot be further in the future than the next system month.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Automated (Cont.)		<p>Select the applicable BCW2 by entering the person's state ID number and the benefit month, starting with the Medicaid positive date. There may be entries for one, two, or three months:</p> <ul style="list-style-type: none"> ◆ The next system month only. ◆ The current and next system months. ◆ The first prior month, current month, and next system months. <p>(If more than three months' BCW2s are needed, manual calculation is required.)</p>
	BCW2 THRU MO	<p>You can use the THRU MO field to generate multiple, identical BCW2s. The system will generate BCW2s for each month from the date in the BEN MO field through the date entered in the THRU MO field.</p> <p>If the THRU MO field is blank or 00 00, the system will generate a single BCW2 for the month entered in the BEN MO field.</p>
	BCW2 ENTRY RSN	Enter H.
	BCW2 PI	Enter C.
	BCW2 E/B	<p>Code all income as A, unless different amounts are used to determine eligibility and benefits.</p> <p>If different amounts are used, enter code E on one line and code B on another line. It does not matter which code is used on which line, but all indicators for one program must be entered on one screen.</p> <p>When using both E and B codes, do not push ENTER between entering the E and B. If you make an error in the E/B field, delete the transaction and reenter the data.</p>

MEDICAID CASE ACTIONS**Approving an Application**

Revised December 22, 2006

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Automated (Cont.)	BCW2 EARNED 1-5	Enter gross earned income. (The system subtracts the earned income deduction.)
	BCW2 UNEARN 1-4 OTHER UI	Enter the amount of unearned income. Enter the social security amount before deduction for the Medicare premium. Determine this amount by adding the Medicare premium amount and any overpayment deduction amount to the net social security income figure. Enter the total even if the buy-in is not complete.
	BCW2 SR 1-4, SR	Enter the code that identifies the source of unearned income.
	BCW2 DEDUCT 1	Enter the amount of the client's income that should not be counted because of the unique coverage group policy.
	BCW2 P DED NEED	Enter the blind work expense.
	BCW2 P DED PAY	Enter the amount to be deducted due to a plan for self-support.
		This is a two-step process. If you are ready to approve the case, skip Step 1.
	TD01 TD01 AID TD01 MED AID TD01 CO RES TD01 CNID	For a new case, see Case Numbering: Assigning Case Numbers , Aid Type Priority , and Case Name ID for TD01 instructions. See also 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification .
		<u>Step 1</u>
	TD05 MED ENTRY RSN	Enter E.
Manual	TD05 MED STATUS	Enter D.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Manual (Cont.)	TD05 MED APP DT	Enter the date the application was received in the local office.
	TD05 MR	Enter N. Reenter this code on subsequent approvals. Note: Approvals and denials will roll from the program line to the individual's programs when previously pended.
	TD03	Complete any needed demographic information. See 14-B-Appendix, TD03 , for valid codes.
	TD03 ENTRY RSN	Enter E. Note: No entry is required if the master medical status code is "D" and the FAC/ST/WV status code is "D" and no updating of the individual's TD03 data is required since the time of pending.
	TD03 MED ST	Enter D.
	TD03 FUND	Enter: 1 Adult receiving SSI 2 Child receiving SSI A Adult receiving Medicaid only C Child receiving Medicaid only (except CMAP children) P MEPD
	TD03 COPAY	Enter the code that describes the client's situation. See 14-B-Appendix, TD03 COPAY , for valid codes. Leave blank if not applicable.

MEDICAID CASE ACTIONS**Approving an Application**

Revised February 23, 2007

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Manual (Cont.)		<p><u>Step 2:</u> Complete after Step 1 has updated.</p>
	TD05 MED ENTRY RSN	Enter E.
	TD05 MED STATUS	Enter A.
	TD05 MR	Enter N.
	TD05 MED POS DT	Enter the first month for which all eligibility factors are met.
	TD05 RETRO	Enter the code for the eligible retroactive Medicaid months requested.
		The approval rolls to TD03.
Medicaid for Employed People with Disabilities (MEPD)	TD01 CASE NUMBER	Include only one person on an MEPD case. Create a separate case for each MEPD member. If the member is also eligible for QMB or SLMB, create a separate case for that coverage. MEPD members are not eligible for E-SLMB.
	TD01 CO RES	
	TD01 CNID	
		For TD01 instructions, see Case Name ID and Case Numbering: Assigning Case Numbers and Establishing FBUs . See also 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification .
	TD01 ENT RSN	Enter A.
	TD01 AID	Enter 60-M.
	TD01 MEPD HR1	Enter the code for the number of hours the disabled person works. Valid codes are: A Zero through 10 hours per month. B More than 10 hours through 80 hours per month. C More than 80 hours per month.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Medicaid for Employed People with Disabilities (MEPD) (Cont.)	TD01 MEPD EMP1	Enter the code for the disabled person's type of employment. Valid codes are: O Business outside the home S Self-employment I Working for an individual U Not employed
	TD01 MEPD RI	Enter the code for the resource limit to apply to resource calculations done on RSCM screens. Valid codes are: I Individual C Couple This is a required entry on a new application. Once a code is entered, you don't have to re-enter it unless you want a different resource limit applied to the case.
	TD01 ENT RSN	Enter A.
	TD01 CASE: LAST	Enter the last name or let the system enter it from the CNID entry. Do not include punctuation. See 14-B-Appendix, TD01 CASE: LAST , for instructions.
	TD01 CASE: FIRST	Enter the first name or let the system enter it from the CNID entry. Do not include punctuation. See 14-B-Appendix, TD01 CASE: FIRST , for instructions.
	TD01 CASE: INIT	Enter the middle initial. Do not include punctuation. See 14-B-Appendix, TD01 CASE: INIT , for instructions.
	TD01 CASE: TITLE	Enter the abbreviation for title, if any, or let the system enter it from the CNID entry. Do not include punctuation. See 14-B-Appendix, TD01 CASE: TITLE , for codes.

MEDICAID CASE ACTIONS**Approving an Application**

Revised February 8, 2008

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Medicaid for Employed People with Disabilities (MEPD) (Cont.)	TD01 PAYEE/ADDR	Enter the name of the person to whom the benefit is made on the household's behalf, if any. Do not include punctuation.
	TD01 PAYEE/MOD	If there is a payee, enter the payee modifier code. See 14-B-Appendix, TD01 PAYEE/MOD , for codes. If a payee modifier code is displayed but is no longer valid, remove it. For instructions, see Removing Data .
	TD01 CNID	Enter the state identification number of the "case name" person. See Case Name ID .
	TD01 ADDRESS 1 TD01 ADDRESS 2	See 14-B-Appendix, TD01 ADDRESS 1 and TD01 ADDRESS 2 , for coding information. Do not include punctuation.
	TD01 CITY	Enter the name of the city. Do not include punctuation.
	TD01 STATE	Enter IA.
	TD01 ZIP	Enter the five-digit zip code.
	TD05 MED ENTRY RSN	Enter A or E.
	TD05 MED STATUS	Enter A.
	TD05 MED APP DT	Enter the date the application was received in the local office, in MM DD YY format. If the date was entered to pend the application, reentry is not necessary.
	TD05 MED POS DT	Enter the first month for which all eligibility factors are met, in MM DD YY format.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Medicaid for Employed People with Disabilities (MEPD) (Cont.)	TD05 MED AD	Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an "A" in MED STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05 MED LAST REV	Enter the first month of the annual premium period, in MM YY format.
	TD05 MED NEXT REV	Enter the last month of the premium period. Enter in MM YY format.
	TD05 CNT UI	Enter the amount of the person's gross unearned income. Note: You must enter an amount (zeroes, if applicable) whenever you make TD05 entries.
	TD05 CNT EI	Enter the amount of the person's gross earned income. Note: You must enter an amount in this field (zeroes, if applicable) whenever you make TD05 entries.
	TD05 HH SIZE	Enter 01. The MEPD premium is based on the disabled person's income.
	TD05 MEPD PM	No worker entry is required. The system will calculate the amount of the premium.
	RSCM BENEFIT MONTH	Enter RSCM screens from the month of the Medicaid positive date forward. The months entered must include the next system month. They cannot be further in the future than the next system month. Select the applicable RSCM screen by entering the benefit month. The earliest benefit month entered is the month of the Medicaid positive date.

MEDICAID CASE ACTIONS**Approving an Application**

Revised February 8, 2008

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Medicaid for Employed People with Disabilities (MEPD) (Cont.)	RSCM AMOUNTS	This is a required entry for MEPD cases. Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter \$1.00 in the CASH ON HAND field.
	TD03	Approvals and denials roll from the program line to the individual programs when the case was previously pended. Note: If you need to change data on TD03, you must also make these entries: Enter all demographic information needed. See 14-B-Appendix, TD03 , for codes.
	TD03 ENTRY RSN	Enter A or E.
	TD03 MED ST	Enter A.
	TD03 FUND	Enter P.
	TD03 POV	Enter poverty level based on the member's income. Use the QMB/SLMB poverty level if the member is eligible for QMB or SLMB. If the member is not eligible for QMB or SLMB, enter the poverty level from the <i>MEPD Income Worksheet</i> .
	TD03 PF 06 = HIPPA REF	Make a HIPPA referral, if applicable.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Denying an Application	TD05 MED ENTRY RSN	Enter A or E.
	TD05 MED STATUS	Enter M.
	TD05 MED RSN2	Enter the applicable notice reason code. Do not use notice reason code 613. See 14-B-Appendix, NOTICE CODES .
	TD05 MED APP DT	Enter the date the application was received in the local office, unless the date was entered when the case was pending.
	TD03	If the program and individual were pending, the denial rolls to TD03. If the application was not pending, you must make TD03 entries.
Due to an SSA Decision of Not Disabled		Enter all demographic information needed. See 14-B-Appendix, TD03 , for codes.
	TD03 ENTRY RSN	Enter E or A.
	TD03 MED ST	Enter M.
	TD01 AID, MED AID	Note: Do not use the Medically needy aid type (37-E) for this case action.
	TD05 MED ENTRY RSN	Enter A.
	TD05 MED STATUS	Enter M.
	TD05 MED RSN2	Enter notice reason 799.
	TD03 ENTRY RSN	Enter A.
	TD03 MED ST	Enter M.
	TD03 MED RSN	Enter notice reason 824.

MEDICAID CASE ACTIONS**FIP Recipient Enters a Nursing Facility**

Revised February 8, 2008

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
FIP Recipient Enters a Nursing Facility		Different actions are necessary depending on whether the person entering the nursing facility remains eligible for FIP while in the facility or not.
Recipient Remains on FIP	TD01, TD05, RSCS	Open a new case for the person entering the facility, with aid type 39-0 (or 73-1 if the person is placed at the Medicare-approved skilled level of care). Do not enter BCW2 data. See FACILITY CASE ACTIONS: Approving an Application . Do not cancel the person on the FIP case.
	TD05	The client participation is \$000.00.
	TD03 ENTRY RSN	On a new case, enter A.
	TD03 OHP	Enter H.
Recipient Canceled From FIP but Case Remains Eligible for FIP		If the recipient is canceled from FIP, reexamine that FIP case's eligibility for Food Assistance (if active).
		If the case remains eligible for FIP, use these instructions to end FIP for the person who is in the nursing facility. Otherwise, cancel the program.
	TD03 ENTRY RSN	On the FIP case, enter H.
	TD03 FIP ST	Enter N.
	TD03 FIP RSN	Enter 925.
		Open a case for the person entering the facility using the FIP case number with a new FBU and the applicable aid type (not 39-0). See FACILITY CASE ACTIONS: Approving an Application .

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Hospital-Only SSI-Related Eligibility	TD01 ENT RSN	Enter A if Medicaid is not active. If Medicaid is active, enter H.
	TD01 AID	Enter 73-4.
	TD01 AID CHG DT	Enter the first of the next month.
	TD05 MED ENTRY RSN	Enter A if Medicaid is not active; otherwise, enter H.
	TD05 MED STATUS	Enter A if Medicaid is not active.
	TD05 MED APP DT	Enter the date the application was received in local office, if not pended previously.
	TD05 MED POS DT	Enter the date of eligibility.
	TD05 MED AD	Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an "A" in MED STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05 MR	Enter N.
	TD05 RETRO	Enter the code for those months you have determined the recipient to be eligible.
	TD03	Complete any demographic information needed. See 14-B-Appendix, TD03 , for codes.
	TD03 ENTRY RSN	Enter A if Medicaid is not active. Otherwise, enter H.
	TD03 MED ST	Enter A if Medicaid is not active. Otherwise, enter H.
	TD03 FUND	Enter the fund code, if Medicaid is not already active.

Revised February 8, 2008

Chapter B(9) SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
SSI Recipients		Note: Spouses who are both eligible for SSI have separate cases.
Pending a Case		The SDX system will generate a case for most new SSI approvals that are not already on Medicaid. See 14-E, Automated SDX Process for New SSI-Related Medicaid Case .
		Note: If an applicant household has an excluded person, an ineligible alien, or a sanctioned person, do not pend that person. See Excluded Persons , Ineligible Aliens , or Sanctions for instructions.
		Otherwise, make these entries:
	TD05 MED ENTRY RSN	Enter E.
	TD05 MED STATUS	Enter D.
	TD05 MED APP DT	Enter the MED APP DT from the SDX, if that is used to determine eligibility. Otherwise, enter the date the application was received in the local office.
	TD05 MR	Enter N.
	TD05 RETRO	If needed, enter X to generate form 470-0364 or 470-0364(S), <i>SSI Medicaid Information</i> .
	TD03	Complete any demographic information needed. See 14-B-Appendix, TD03 , for codes.
	TD03 ENTRY RSN	Enter E.
	TD03 MED ST	Enter D.
	TD03 FUND	Enter 1 for an adult; 2 for a child.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Ongoing Eligibility		After receiving the completed <i>SSI Medicaid Information</i> :
	TD05 MED ENTRY RSN	Enter E.
	TD05 MED STATUS	Enter A.
	TD05 POS DT	If the SDX is used to determine eligibility, enter the eligibility date from the SDX, unless the residency date is later. If so, enter the residency date. If DHS determines eligibility, enter the first month for which all eligibility factors are met.
	TD05 MED AD	Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an "A" in MED STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05 MR	Enter N.
	TD05 RETRO	Enter the code for the retroactive months of eligibility. The code relates to the application month. The approval rolls to TD03.

MEDICAID CASE ACTIONS**SSI Recipients**

Revised February 8, 2008

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
<p>Prior Eligibility Only (No Ongoing Eligibility)</p>		<p>If there is a case record (case number and state ID number), send form 470-0397, <i>Request for Special Update</i>, to Quality Assurance via e-mail.</p> <p>Specify which months are to be updated as eligible months. Include the reason for the updates and the person's name, case number, state ID number, birth date, social security number, SS claim number, case name, Medicaid status, and fund code.</p> <p>If there is no case record (case number and state ID), process a current Medicaid denial using 000 in the TD05 RSN2 field.</p> <p>If there is facility eligibility in a prior period, complete form 470-3924, <i>Request for ISIS Changes</i>, and e-mail it to DHS, ISIS-Facilities</p>
<p>Change to MEPD Premium</p> <p>Decrease</p>	<p>TD05 MED ENTRY RSN</p> <p>TD05 MED RSN1</p> <p>TD05 LAST REV</p> <p>TD05 NEXT REV</p> <p>TD05 CNT UI</p> <p>TD05 CNT EI</p>	<p>Enter R.</p> <p>Enter notice reason code 487 (decrease in premium amount within the certification period.)</p> <p>Enter the effective date of change.</p> <p>Re-enter the existing date.</p> <p>Enter the average monthly gross unearned income amount for the disabled person.</p> <p>Enter the average monthly gross earned income amount for the disabled person.</p>

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MEDICAID CASE ACTIONS**Change to MEPD Premium**

Revised April 18, 2008

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Using MEPC (Cont.)	MEPC STATE ID	Day 2: Enter the state identification number and press the ENTER key.
	MEPC ELIG MONTH	Place the cursor on the line of the months that require a change.
	MEPC NEW PREM	Enter the new three-digit premium amount, with a leading zero if necessary.
	MEPC B/U	Enter a "U" to "unblock" the months.
	MEPC UNEARNED INCOME EARNED INCOME PCT POV	Note: If an amount is entered on the wrong line, space out the amount using the spacebar key. Do not use zeros.
	MEPC UNEARNED INCOME	Enter the eight-digit amount of unearned income. Include any leading zeros required, the dollar amount, a decimal point, and any cent amount (e.g., if income is \$333.33, the entry would be 00333.33).
	MEPC EARNED INCOME	Enter the eight-digit amount of earned income. Include any leading zeros required, the dollar amount, a decimal point, and any cent amount (e.g., if income is \$333.33, the entry would be 00333.33).
	MEPC PCT POV	Enter the three-digit percentage of poverty. If the percentage of poverty is only two digits, insert a leading zero. Press the ENTER key.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Reviews for Medicaid		The system does not track overdue reviews on SSI-related Medicaid aid types that do not require a review. See 8-G for more information on coverage groups that may not require a review. If a review is required, follow these instructions:
	TD05 MED ENTRY RSN	Enter H.
	TD05 MED LAST REV	Enter the month and year of the last review.
	TD05 MED NEXT REV	If the review must be completed earlier than 12 months after the last review, you must enter the next review date.
MEPD Annual Review	TD01 ENTRY RSN	Enter H.
	TD01 MEPD HR1 TD01 MEPD EMP1	If applicable, update HR1 and EMP1 fields with current employment information. See 14-B-Appendix, TD01 HR1 and TD01 EMP1 , for valid codes.
	TD05 MED ENTRY RSN	Enter R.
	TD05 MED RSN1	Enter notice reason 492.
	TD05 MED LAST REV	Enter the first month of the new 12-month premium period.
	TD05 MED NEXT REV	Enter the last month of the new 12-month premium period.
	TD05 CNT UI	Enter the average monthly gross unearned income amount of the disabled person.
	TD05 CNT EI	Enter the average monthly gross earned income amount of the disabled person.
	TD05 HH SIZE	Enter 01. The MEPD premium is based on the disabled person's income.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Canceling Ongoing Eligibility		For instructions on canceling a person or case due to a sanction, see Sanctions .
Program	TD05 MED ENTRY RSN	Enter G.
	TD05 MED STATUS	Enter N.
	TD05 MED RSN2	Enter the applicable code. See 14-B-Appendix, NOTICE CODES .
		The closed status automatically rolls to the individual program area on TD03.
		When a case has been canceled for one reason that has been resolved, but ineligibility exists for another reason:
	TD05 MED ENTRY RSN	Enter R (send notice only). Do not enter a status code when using an entry of "R." No entries besides these are allowed in that same day's processing.
	TD05 MED RSN1	Enter 171.
	TD05 MED RSN2	Enter the applicable code.
Due to SSA Decision That Client Is Not Disabled	TD05 MED ENTRY RSN	Enter H.
	TD05 MED STATUS	Enter N.
	TD05 MED RSN2	Enter notice reason 799.
	TD03 ENTRY RSN	Enter H.
	TD03 MED ST	Enter N.
	TD03 MED RSN	Enter notice reason 824.
Due to Death	TD05 MED ENTRY RSN	Enter M.
	TD05 MED STATUS	Enter N.
	TD05 MED RSN2	Enter 613.

MEDICAID CASE ACTIONS**Canceling Ongoing Eligibility**

Revised July 18, 2008

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Due to Death (Cont.)	TD05 MED NEG DT	<p>Enter the date of death. Press the F6 function key and complete the estate recovery referral, if appropriate.</p> <p>If the person is associated with more than one case, the system:</p> <ul style="list-style-type: none"> ◆ Removes the person from all cases with the person in an active status. ◆ Recalculates benefits. ◆ Sends notices, when appropriate. <p>Message 970 is issued to you when the person was on more than one case.</p>
Reinstatement	TD05 MED ENTRY TD05 MED STATUS TD05 MED RSN1 TD03 TD03 ENTRY RSN TD03 MED/ST TD03 FUND BCW2 ENTRY RSN BCW2 PI	<p>Enter B.</p> <p>Enter B.</p> <p>Enter notice reason 207.</p> <p>Enter any changes on TD03 codes applicable for the reinstatement. See 14-B-Appendix, TD03, for valid codes.</p> <p>Enter B.</p> <p>Enter B.</p> <p>Enter either:</p> <ul style="list-style-type: none"> 1 Adult receiving SSI 2 Child receiving SSI A Adult receiving Medicaid only C Child receiving Medicaid only P MEPSD Note: If the system calculates the premium to be zero, the system converts the fund code to A or C. <p>Enter H.</p> <p>Enter C.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Reinstatement (Cont.)	BCW2 E/B	<p>Code all income as A, unless different amounts are used to determine eligibility and benefits.</p> <p>If different amounts are used, code E on one line and B on another line. It does not matter which indicator is used on which line, but all indicators for one program must be entered on one screen.</p> <p>When using both the E and B indicators, do not push ENTER between entering the E and B. If you make an error in the E/B indicator, delete the transaction and reenter the data.</p>
	BCW2 EARNED 1-5	Enter gross earned income. (The system subtracts the earned income deduction.)
	BCW2 UNEARN 1-4 OTHER UI	<p>Enter unearned income. Enter the social security amount before deduction for the Medicare premium.</p> <p>Determining this amount requires adding the Medicare premium amount and any overpayment deduction amount to the net social security income figure. Enter this amount even if the buy-in is not complete.</p>
	BCW2 SR 1-4, SR	Enter the code that identifies the source of unearned income.
	BCW2 DEDUCT1	Enter the amount of the client's income that should not be counted because of the unique coverage group policy.
	BCW2 P DED NEED	Enter the blind work expense.
	BCW2 P DED PA	Enter the amount to be deducted due to a plan for self-support.

MEDICAID CASE ACTIONS**Reinstatement**

Revised January 14, 2005

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Reinstatement for Payment of MEPD Premium	TD05 MED ENTRY	Enter B.
	TD05 MED STATUS	Enter B.
	TD05 MED RSN1	Enter notice reason 484.
	TD05 CNT UI	Enter gross unearned income of the disabled person.
	TD05 CNT EI	Enter gross earned income of the disabled person.
	RSCM BENEFIT MONTH	Enter RSCM screen for current month.
	RSCM CASH ON HAND	If the countable resources are zero, enter \$1.00 in the CASH ON HAND field.
	TD03 ENTRY RSN	Enter B.
	TD03 MED ST	Enter B.
	TD03 FUND	Enter P.
Reopening Medicaid	TD01	Enter the codes for TD01 if the AID or MED AID type has changed when you reopen.
	TD01 ENTRY RSN	Enter H.
	TD01 AID, MED AID	When using an existing case number, see Aid Type Change .
	TD05 ENTRY RSN	Enter C.
	TD05 MED STATUS	Enter C.
	TD05 POS D	Enter the first day of the month in which the client became eligible.
	TD05 MR	Enter code Y or N.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Reopening Medicaid (Cont.)	RSCM BENEFIT MONTH	Enter RSCM screens for the month of the positive date forward through the next system month. Select the applicable RSCM screen by entering the benefit month, starting with the month of the Medicaid positive date.
	RSCM	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.
	TD03 ENTRY RSN	Enter C.
	TD03	Complete any needed demographic information. See 14-B-Appendix, TD03 , for valid codes.
	TD03 OHP	Enter the applicable code.
	TD03 MP	Enter Y if the Medicare premium is withheld from the social security check. Enter N if the premium is not withheld.
	TD03 MED ST	Enter C.
	TD03 FUND	Enter one of the following: 1 Adult receiving SSI A Adult receiving Medicaid only 2 Child receiving SSI C Child receiving Medicaid only P MEPSD Note: If the system calculates the premium to be zero, the system converts the fund code to A or C.
	TD03 POV	Enter the percentage of the federal poverty level for the client, if required. (See 14-B-Appendix, TD03 POV , for aid types where no entry is needed in this field.)

MEDICAID CASE ACTIONS**Reopening Medicaid**

Revised August 18, 2006

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Reopening Medicaid (Cont.)	TD03 HEALTH	Enter the applicable code for Medicare coverage.
	BCW2 BENEFIT MONTH	Enter BCW2 income and deductions for the month of the Medicaid positive date forward through the next system month. Select the applicable BCW2 by entering the person's state ID and the benefit month, starting with the month of the Medicaid positive date.
	BCW2 ENTRY RSN	Enter H.
	BCW2 PI	Enter C.
	BCW2 E/B	Code all income as A, unless different amounts are used to determine eligibility and benefits. When using both the E and B indicators, do not push ENTER between entering the E and B. If you make an error in the E/B indicator, delete the transaction and reenter the data.
	BCW2 EARNED 1-5	Enter gross earned income. (The system subtracts the earned income deduction.)
	BCW2 UNEARN 1-4 OTHER UI	Enter unearned income. Enter the social security amount before deduction for the Medicare premium. Determining this amount requires adding the Medicare premium amount and any overpayment deduction amount to the net social security income figure. Enter this amount even if the buy-in is not complete.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Reopening Medicaid (Cont.)	BCW2 SR 1-4, SR	Enter the code to identify the source of unearned income.
	BCW2 DEDUCT1	Enter the amount of the client's income that should not be counted because of the unique coverage group policy.
	BCW2 P DED NEED	Enter the blind work expense.
	BCW2 P DED PA	Enter the amount to be deducted due to a plan for self-support.
Reopening Due to Payment of MEPD Premium	TD05 MED ENTRY	Enter C.
	TD05 MED STATUS	Enter C.
	TD05 MED RSN1	The system automatically generates notice reason 485. If the reopening is for any reason other than the premium payment, zero out the notice reason and manually issue a notice of decision.
	TD05 POS DATE	Enter the first day of the month in which the client becomes eligible.
	TD05 CNT UI	Enter the amount of the disabled person's gross unearned income.
	TD05 CNT EI	Enter the amount of the disabled person's gross earned income.
	RSCM BENEFIT MONTH	Enter for the current system month.
	RSCM CASH ON HAND	If the countable resources are zero, enter \$1.00 in the CASH ON HAND field.
	TD03 ENTRY	Enter C.
	TD03 MED ST	Enter C.
	TD03 FUND	Enter P.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Qualified Medicare Beneficiary		
QMB Approvals	TD01 AID	If the applicant is eligible for or chooses to apply only for QMB or has a 37-E case, enter either: 90-0 Aged 90-2 Disabled
	TD05 MED ENTRY RSN	Enter E.
	TD05 MED STATUS	Enter A or C.
	TD05 MED APP DT	Enter the actual date of application.
	TD05 MED POS DT	Enter the positive date. The QMB effective date is the first of the calendar month following the date of decision.
	TD05 MED AD	Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an "A" in MED STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05 MR	Enter N.
	TD05 RETRO	Leave blank when the client is eligible only for QMB in retroactive months, since QMB does not allow retroactive medical eligibility. However, retroactive eligibility may exist under other coverage groups, i.e., SSI or Medically Needy. See Retroactive Medicaid Eligibility in this chapter or 14-I(1), Retroactive Eligibility With Spenddown or Retroactive Eligibility Without Spenddown .

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
QMB Approvals (Cont.)		Note: Approvals and denials will roll from the program line to the individual's programs when previously pending.
	TD03 ENTRY RSN	Enter E. Note: No entry is required if the master medical status code is "D" and no updating of the individual's TD03 data is required since the time of pending.
		Note: Approvals and denials will roll from the program line to the individual's programs when previously pending.
	TD03	Enter all demographic information needed. See 14-B-Appendix, TD03 , for codes.
	TD03 SSN CLAIM NO	This field must be completed in order for buy-in to occur.
	TD03 MP	Enter Y if Medicare buy-in has not occurred for persons entitled to Medicare benefits. Enter N if buy-in has occurred.
	TD03 MED ST	Enter A or C.
	TD03 FUND	Enter 9. This blocks payment of full Medicaid services. For QMB persons, Medicaid pays only for the Medicare premiums, deductibles, and coinsurances.
	TD03 QMB	Enter Q for all persons who qualify as QMB eligibles. This entry requires a poverty level from 1-100. Enter zero for other considered persons on the case. Note: Use the QMB field only on cases in QMB aid types (90-0 or 90-2) and Medically Needy cases with a zero spenddown.

Revised August 18, 2006

Chapter B(9) SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
QMB Approvals (Cont.)	TD03 POV	Enter the percentage that compares the client's income to the federal poverty level. This field requires an entry for each person who receives or is entitled to receive Medicare benefits.
	TD03 HEALTH	QMBs are entitled to Medicare Part A. The coding should reflect Medicare coverage. Enter 1 in the fourth position if the person has Part B only. Enter 2 in the fourth position if the person has Parts A and B. Enter A in the fourth position if the person has Part A only.
Changes in QMB Status	TD03 QMB	If eligibility exists only for Medically Needy, enter zero. If eligibility no longer exists for a QMB coverage group, enter the SLMB or E-SLMB code. A manual <i>Notice of Decision</i> is needed to inform the person of the change.
	TD03 POV	Enter new poverty level.
Specified Low-Income Medicare Beneficiary		
SLMB Approvals	TD01 ENT RSN	Enter A if this is a new case. Enter H, if the case existed.
	TD01 AID, MED AID	If the applicant is eligible for SLMB coverage group only or has a 37-E case, enter either: 90-0 Aged 90-2 Disabled

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
SLMB Approvals (Cont.)	TD05 MED ENTRY RSN	Enter E.
	TD05 MED STATUS	Enter A to approve. Enter C to reopen.
	TD05 MED APP DT	Enter the actual date of application.
	TD05 MED POS DT	Enter the first day of the month in which all eligibility factors are met.
	TD05 MED AD	Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an "A" in MED STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05 MR	Enter N.
	TD05 RETRO	Enter the applicable code.
		Note: Approvals and denials will roll from the program line to the individual's programs when previously pended.
	TD03 ENTRY RSN	Enter E. Note: No entry is required if the master medical status code is "D" and no updating of the individual's TD03 data is required since the time of pending.
	TD03	Enter any needed demographic information. See 14-B-Appendix, TD03 , for valid codes.
	TD03 SSN CLAIM NO	This field must be completed in order for buy-in to occur.
	TD03 MP	Enter Y if Medicare buy-in has not occurred for persons entitled to Medicare benefits. Enter N if buy-in has occurred.

MEDICAID CASE ACTIONS**Specified Low-Income Medicare Beneficiary**

Revised February 8, 2008

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
SLMB Approvals (Cont.)	TD03 MED ST	Enter A or C.
	TD03 FUND	Enter 9. This blocks payment of full Medicaid services. For SLMB eligibles, Medicaid pays only Medicare Part B.
	TD03 QMB	Enter code "L" for all persons who qualify as SLMB-eligible. This requires a poverty level from 101-119. Enter zeros for other considered persons on the case. Note: Use the QMB field only on cases in QMB/SLMB aid types (90-0 or 90-2) and Medically Needy cases with a zero spenddown.
	TD03 POV	Enter the percentage that compares the client's income to the federal poverty level (101-119). This field requires an entry for each person who receives or is entitled to receive Medicare benefits.
	TD03 HEALTH	Make entries in the fourth position of this field only: A Medicare Part A 1 Medicare Part B 2 Medicare Part A and B
Changes in SLMB	TD03 QMB	If eligibility exists for Medically Needy, enter zero. If eligibility no longer exists for the SLMB coverage groups, enter the applicable E-SLMB or HH-SLMB code. A manual <i>Notice of Decision</i> is needed to inform the person of the change.
	TD03 POV	Enter the new poverty level.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Expanded Specified Low-Income Medicare Beneficiary		
E-SLMB Approvals	TD01 AID	If the applicant is eligible for (or chooses to apply for) E-SLMB coverage group only, or has a 37-E case, enter either: 90-0 Aged 90-2 Disabled
	TD05 MED ENTRY RSN	Enter E.
	TD05 MED STATUS	Enter A to approve. Enter C to reopen.
	TD05 MED APP DT	Enter the actual date of application.
	TD05 MED POS DT	Enter the first day of the month in which all eligibility factors are met.
	TD05 MED AD	Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an "A" in MED STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05 MR	Enter N.
	TD05 RETRO	Enter the applicable code. Note: Approvals and denials will roll from the program line to the individual's programs when previously pended.
	TD03 ENTRY RSN	Enter E. Note: No entry is required if the master medical status code is "D" and no updating of the individual's TD03 data is required since the time of pending.
	TD03	Enter needed demographic information. See 14-B-Appendix, TD03 , for codes.

MEDICAID CASE ACTIONS**Expanded Specified Low-Income Medicare Beneficiary**

Revised February 8, 2008

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
E-SLMB Approvals (Cont.)	TD03 SSN CLAIM NO	This field must be completed in order for buy in to occur.
	TD03 MP	Enter Y if Medicare buy-in has not occurred for persons entitled to Medicare benefits. Enter N if buy-in has occurred.
	TD03 MED ST	Enter A or C.
	TD03 FUND	Enter 9 to block payment of full Medicaid services. For E-SLMB eligibles, Medicaid pays only Medicare Part B.
	TD03 QMB	Enter code "E" for all people who qualify as E-SLMB eligibles. This code requires a poverty level from 120-134. Enter zeros for other considered people on the case. Note: Use the QMB field only on cases in QMB/SLMB aid types (90-0 or 90-2).
	TD03 POV	Enter the percentage that compares the client's income to the federal poverty level (120-134). This field requires an entry for each person who received or is entitled to receive Medicare benefits.
	TD03 HEALTH	Make entries in the fourth position of this field only: A Medicare Part A 1 Medicare Part B 2 Medicare Part A and B
Changes in E-SLMB	TD03 QMB	If eligibility exists for Medically Needy, enter zero. If the new poverty level justifies it, enter the applicable QMB or SLMB code. Prepare a manual <i>Notice of Decision</i> about the change.
	TD03 POV	Enter the new poverty level.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
<p>Qualified Disabled and Working Person</p> <p>QDWP Approvals</p>	<p>TD01 AID</p> <p>TD05 MED ENTRY RSN</p> <p>TD05 MED STATUS</p> <p>TD05 MED APP DT</p> <p>TD05 MED POS DT</p> <p>TD05 MED AD</p> <p>TD05 MR</p> <p>TD05 RETRO</p> <p>TD03 ENTRY RSN</p>	<p>If the applicant is eligible for (or chooses to apply for) one of the QDWP coverage groups only, enter either:</p> <p>90-0 Aged</p> <p>90-2 Disabled</p> <p>Enter E.</p> <p>Enter A to approve. Enter C to reopen.</p> <p>Enter the actual date of application.</p> <p>Enter the first day of the month in which all eligibility factors are met.</p> <p>Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an “A” in MED STATUS. If the application is processed timely, use code “A.” If the application is untimely, enter the reason for the processing delay.</p> <p>Enter N.</p> <p>Enter the applicable code.</p> <p>Enter E. No entry is required if the master medical status code is “D” and no updating of the individual’s TD03 data is required since the time of pending.</p> <p>Note: Approvals and denials will roll from the program line to the individual’s programs when previously pended.</p>

MEDICAID CASE ACTIONS**Qualified Disabled and Working Person**

Revised February 8, 2008

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
QDWP Approvals (Cont.)	TD03	Enter needed demographic information. See 14-B-Appendix, TD03 , for codes.
	TD03 SSN CLAIM NO	This field must be completed in order for buy-in to occur.
	TD03 MP	Enter Y if Medicare buy-in has not occurred for persons entitled to Medicare benefits. Enter N if buy-in has occurred.
	TD03 MED ST	Enter A or C.
	TD03 FUND	Enter 9. This blocks payment of full Medicaid services. Under QDWP, Medicaid pays only Medicare Part A.
	TD03 QMB	Enter code W for all QDWP eligibles. Enter zeros for other considered people on the case. Note: Use this field only on cases in QMB aid types (90-0 or 90-2).
	TD03 POV	Enter the percentage that compares the client's income to the federal poverty level. Make an entry for each person who receives or is entitled to receive Medicare.
	TD03 HEALTH	Make entries in the fourth position only: A Medicare Part A 1 Medicare Part B 2 Medicare Part A and B
Changes in QDWP Status	TD03 QMB	If eligibility exists for Medically Needy, enter zero. Send a manual <i>Notice of Decision</i> to inform the person of the change.
	TD03 POV	Enter the new poverty level.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Newborn Children of Medicaid-Eligible Mothers		<p>A child in “newborn status” remains eligible for one year after birth if the mother would be eligible if still pregnant.</p> <p>(If the mother would <u>not</u> be eligible for Medicaid if she were pregnant, “newborn status” is lost, and an automatic redetermination must be completed.)</p> <p>Add the newborn child to the mother’s Medicaid case without an application. Do not add a newborn to a mother’s SSI case. Put the newborn on a CMAP, FMAP, or MAC case, as applicable.</p> <p>Refer to 14-B(7), Newborn Children of Medicaid-Eligible Mothers.</p>

STATE SUPPLEMENTARY ASSISTANCE CASE ACTIONS

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Pending an Application	TD01 TD01 AID TD01 MED AID TD01 CO RES TD01 CNID	For a new case, see Case Numbering: Assigning Case Numbers , Aid Type Priority , and Case Name ID for TD01 instructions. See also 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification .
	TD01 ENT RSN	Enter A or H.
	TD01 AID CHG DT TD01 MED CHG DT	If you are using an existing case number, see Aid Type Change .
		Pend both the facility and Medicaid programs.
	TD05 MED ENTRY RSN	Enter A or H if medical is active.
		Enter the demographic information needed for the program pended.
	TD05 MED STATUS	Enter D.
	TD05 MED APP DT	Enter the date the local office received the application.
	TD05 LAST REV	Enter the current month when pending application on an active SSI case.
	TD05 STATE SUPP ENTRY RSN	Enter A.
	TD05 STATE SUPP STATUS	Enter D.
	TD05 STATE SUPP APP DT	Enter the date the local office received the application.
	TD05 MR	Enter N.
	TD03 ENTRY RSN	Enter A.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Pending an Application (Cont.)	TD03 MED ST TD03 FUND TD03 ST SUPP ST	Enter all needed demographic information. See 14-B-Appendix, TD03 , for codes. Enter D. If there is an active fund code on the system, an entry of a different fund code with pended status coding will not replace the original fund code. Enter D.
Approving an Application Automated Family-Life Home	TD01 TD01 AID TD01 MED AID TD01 CO RES TD01 CNID TD01 ENTRY RSN TD01 AID TD01 AID CHG DT TD05 MED ENTRY RSN TD05 MED STATUS TD05 STATE SUPP ENTRY RSN	For a new case, see Case Numbering: Assigning Case Numbers , Aid Type Priority , and Case Name ID for TD01 instructions. See also 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification . Enter H. Enter either: 10-0 Aged 60-0 Disabled When using an existing case number, enter the first day of the month of approval for family-life home payment. Enter A. Enter A. Enter A.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Family-Life Home (Cont.)	TD05 STATE SUPP STATUS	Enter A.
	TD05 FI	Enter a space. (Press the spacebar key.)
	TD05 STATE SUPP APP DT	Enter the date the local office received the application. If you entered this to pend the application, reentry is not necessary.
	TD05 STATE SUPP POS DT	Enter the first day of the month in which the client becomes eligible.
	TD05 STATE SUPP AD	Enter the code that indicates the timeliness of any approved State Supplementary Assistance application. Entry is required when entering an "A" in STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05 FLH AMOUNT	If a state-administered payment is necessary, enter the amount of the payment.
	RSCM BENEFIT MONTH	Enter RSCM screens from the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month. They cannot be further in the future than the next system month. Select the applicable RSCM screen by entering the benefit month, starting with the month of the State Supplementary Assistance positive date.
	RSCM AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Family-Life Home (Cont.)	RSCS BENEFIT MONTH	<p>Enter RSCS screens from the month of the facility positive date forward. The months entered must include the next system month. They cannot be further in the future than the next system month.</p> <p>Select the applicable RSCS screen by entering the benefit month. The earliest benefit month entered is the facility positive date.</p>
	RSCS AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.
	TD03 ENTRY RSN	<p>Enter A. No entry is required if the master medical status code is “D” and the FAC/ST/WV status code is “D” and no updating of the individual’s TD03 data is required since the time of pending.</p> <p>Note: Approvals and denials will roll from the program line to the individual’s programs when previously pended.</p>
	TD03 OHP	Enter F, or enter G if receiving SSI.
	TD03 MED ST	Enter A.
	TD03 FUND	Enter 1.
	TD03 POV	Enter the percentage of the federal poverty level for the client, if required. (See 14-B-Appendix, TD03 POV , for aid types where no entry is needed in this field.)
	TD03 ST SUPP ST	Enter A.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Family-Life Home (Cont.)	TD03 HEALTH	Enter the applicable code for Medicare coverage.
	BCW2 BENEFIT MONTH	<p>Enter BCW2 income and deductions for the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month but cannot go beyond it.</p> <p>Select the applicable BCW2 by entering the person's state ID number and the benefit month, starting with the State Supplementary Assistance positive date. There may be entries for:</p> <ul style="list-style-type: none"> ◆ The next system month only. ◆ The current and next system months. ◆ The first prior month, current month, and next system months. <p>(If more than three months' BCWs are needed, manual calculation is required.)</p>
	BCW2 THRU MO	<p>You can use the THRU MO field to generate multiple, identical BCW2s. The system will generate BCW2s for each month from the date in the BEN MO field through the date entered in the THRU MO field.</p> <p>If the THRU MO field is blank or 00 00, the system will generate a single BCW2 for the month entered in the BEN MO field.</p>
	BCW2 ENTRY RSN	Enter H.
	BCW2 PI	Entry of both D and C is needed.
	BCW2 E/B	Code all income as A, unless different amounts are used to determine eligibility and benefits.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Family-Life Home (Cont.)		<p>If different amounts are used, enter code E on one line and code B on another line. It does not matter which code is used on which line, but all indicators for one program must be entered on one screen.</p> <p>When entering both E and B lines, do not push ENTER between entering the E and B. If you make an error in the E/B entry, delete the transaction and reenter the data.</p>
	BCW2 EARNED 1-5	Enter gross earned income. (The system subtracts the earned income deduction.)
	BCW2 UNEARN 1-4 OTHER UI	<p>Enter the amount of unearned income.</p> <p>Enter the social security amount before deduction for the Medicare premium, even if buy-in is not complete. Determine this amount by adding the Medicare premium amount and any overpayment deduction amount to the net social security income</p>
	BCW2 SR 1-4, SR	Enter the code to identify the source of unearned income.
	TD01 ENTRY RSN	Enter H.
	TD01 AID	<p>Enter either:</p> <p>10-0 Aged 60-0 Disabled</p>
Family-Life Home on an Active Medicaid Case	TD01 AID CHG DT	Enter the first day of the month of approval for family-life home payment.
	TD01 MED AID	Enter the code for the coverage group.
	TD01 MED CHG DT	Enter the first day of the next system month.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Family-Life Home on an Active Medicaid Case (Cont.)	TD05 MED ENTRY RSN	Enter H.
	TD05 STATE SUPP ENTRY RSN	Enter A.
	TD05 STATE SUPP STATUS	Enter A.
	TD05 FI	Enter a space. (Press spacebar key.)
	TD05 STATE SUPP APP DT	Enter the date the application was received in the local office.
	TD05 STATE SUPP POS DT	Enter the first day of the month in which the client becomes eligible.
	TD05 STATE SUPP AD	Enter the code that indicates the timeliness of any approved State Supplementary Assistance application. Entry is required when entering an "A" in STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05 FLH AMOUNT	If a state-administered payment is needed, enter the amount of the payment.
	RSCM BENEFIT MONTH	Enter RSCM screens for the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month but cannot go beyond the next system month. Select the applicable RSCM screen by entering the benefit month.
	RSCM AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Family-Life Home on an Active Medicaid Case (Cont.)	RSCS BENEFIT MONTH	<p>Enter RSCS screens from the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month but cannot go beyond the next system month.</p> <p>Select the applicable RSCS screen by entering the benefit month.</p>
	RSCS AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.
	TD03 ENTRY RSN	Enter H.
	TD03	Enter all demographic information needed. See 14-B-Appendix, TD03 , for codes.
	TD03 OHP	Enter F or enter G, if receiving SSI.
	TD03 FUND	Enter 1 for an adult.
	TD03 ST SUPP ST	Enter A.
	BCW2 BENEFIT MONTH	<p>Enter BCW2 income and deductions for the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month but cannot go beyond it.</p> <p>Select the applicable BCW2 by entering the person's state ID number and the benefit month. There may be entries for one, two, or three months:</p> <ul style="list-style-type: none"> ◆ The next system month only. ◆ The current and next system months. ◆ The previous month, the current month, and the next system month. <p>If more than three months' BCWs are needed, manual calculation is necessary.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Family-Life Home on an Active Medicaid Case (Cont.)	BCW2 THRU MO	You can use the THRU MO field to generate multiple, identical BCW2s. The system will generate BCW2s for each month from the date in the BEN MO field through the date entered in the THRU MO field. If the THRU MO field is blank or 00 00, the system will generate a single BCW2 for the month entered in the BEN MO field.
	BCW2 ENTRY RSN	Enter H.
	BCW2 PI	Entry of both D and C is needed.
	BCW2 E/B	Code all income as A, unless different amounts are used to determine eligibility and benefits. If different amounts are used, enter code E on one line and B on another line. It does not matter which code is used on which line, but all indicators for one program must be entered on one screen. When entering both E and B lines, do not press ENTER between entering E and B. If you make an error in the E/B entry, delete the transaction and reenter the data.
	BCW2 EARNED 1-5	Enter gross earned income. (The system subtracts the earned income deduction.)
	BCW2 UNEARN 1-4 OTHER UI	Enter unearned income. Enter the social security amount before deduction for the Medicare premium, even if buy-in is not complete. Determine this amount by adding the Medicare premium amount and any overpayment deduction amount to the net social security income
	BCW2 SR 1-4, SR	Enter the code to identify the source of unearned income.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
In-Home Health-Related Care		Financial eligibility and client participation under the in-home health-related care (IHHRC) program can be system-calculated with system notices.
		The service worker issues the IHHRC payment. The ABC system has no direct impact on the payment of benefits. Communicate with the service worker using form 470-0506, <i>Service Report</i> , to initiate, change, or cancel benefit payment.
	TD01 TD01 AID TD01 MED AID TD01 CO RES TD01 CNID	For a new case, see Case Numbering: Assigning Case Numbers , Aid Type Priority , and Case Name ID for TD01 instructions. See also 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification .
	TD01 ENTRY RSN	Enter A or H.
	TD01 AID	Enter either: 14-1 Aged 64-1 Disabled
	TD01 AID CHG DT	When using an existing case number, enter the first day of the month of approval for family-life home payment.
	TD05 MED ENTRY RSN	Enter A.
	TD05 MED STATUS	Enter A.
	TD05 MED POS DT	Enter in MM/DD/YY format.
	TD05 STATE SUPP ENTRY RSN	Enter A.
	TD05 STATE SUPP STATUS	Enter A.

STATE SUPPLEMENTARY ASSISTANCE CASE...**Approving an Application**

Revised February 8, 2008

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
In-Home Health-Related Care (Cont.)	TD05 FI	Enter a space. (Press the spacebar key.)
	TD05 STATE SUPP APP DT	Enter the date the application was received in the local office unless the date was already entered to pend the application.
	TD05 STATE SUPP POS DT	Enter the first day of the month in which the client becomes eligible.
	TD05 STATE SUPP AD	Enter the code that indicates the timeliness of any approved State Supplementary Assistance application. Entry is required when entering an "A" in STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	RSCM BENEFIT MONTH	Enter RSCM screens from the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month but cannot go beyond the next system month. Select the applicable RSCM screen by entering the benefit month, starting with the month of the program positive date.
	RSCM AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.
	RSCS BENEFIT MONTH	Enter RSCS screens from the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month but cannot go beyond the next system month. Select the applicable RSCS screen by entering the benefit month, starting with the month of the program positive date.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
In-Home Health-Related Care (Cont.)	RSCS AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.
	TD03	Note: Approvals will not roll from the program line to the individual's programs even when previously pended.
	TD03 ENTRY RSN	Enter A.
	TD03	Enter all demographic information needed. See 14-B-Appendix, TD03 , for codes.
	TD03	If there is a considered person on IHHRC case, make entries to open the person on TD03 as a considered person.
	TD03 OHP	Enter N. (No entry is needed on the considered person.)
	TD03 MED ST	Enter A, or H for the considered person.
	TD03 FUND	Enter the applicable code: 1 Adult recipient 2 Child recipient S Considered person
	TD03 POV	Enter the percentage of the federal poverty level for the client, if required. See 14-B-Appendix, TD03 POV , aid types where no entry is needed in this field.
	TD03 ST SUPP ST	Enter A, or H for the considered person.
	TD03 HEALTH	Enter the applicable code for Medicare coverage.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
In-Home Health-Related Care (Cont.)	BCW2 BENEFIT MONTH	<p>Enter BCW2 income and deductions for the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month. They cannot be further in the future than the next system month.</p> <p>Select the applicable BCW2 by entering the person's state ID number and the benefit month, starting with the month of the positive date. There may be entries for one, two, or three months:</p> <ul style="list-style-type: none"> ◆ The next system month only. ◆ The current and next system months. ◆ The first prior month, current month, and next system months. <p>(If more than three months' BCWs are needed, manual calculation is necessary.)</p>
	BCW2 THRU MO	<p>Use the THRU MO field to generate multiple, identical BCW2s. The system will generate BCW2s for each month from the date in the BEN MO field through the date entered in the THRU MO field.</p> <p>If the THRU MO field is blank or 00 00, the system will generate a single BCW2 for the month entered in the BEN MO field.</p>
	BCW2 ENTRY RSN	Enter H.
	BCW2 PI	Entry of both D and C is needed.
	BCW2 E/B	Code all income as A, unless different amounts are used to determine eligibility and benefits.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
In-Home Health-Related Care (Cont.)		<p>If different amounts are used, enter code E on one line and B on another line. It does not matter which code is used on which line, but all indicators for one program must be entered on one screen.</p> <p>When entering both E and B lines, do not push ENTER between entering the E and the B. If you make an error, delete the transaction and reenter the data.</p>
	BCW2 EARNED 1-5	Enter gross earned income. (The system subtracts the earned income deduction.)
	BCW2 UNEARN 1-4 OTHER UI	<p>Enter unearned income.</p> <p>Enter the social security amount before deduction for the Medicare premium, even if buy-in is not complete. Determine this amount by adding the Medicare premium amount and any overpayment deduction amount to the net social security income.</p>
	BCW2 SR 1-4, SR	Enter the code to identify the source of unearned income.
	BCW2 DEDUCT 1	Enter the amount to be deducted for a plan for self-support.
	BCW2 DEDUCT 2	Enter the unmet medical needs.
	BCW2 P DED NEED	Enter the blind work expenses.
	BCW2 P DED PAY	<p>Enter the cost of in-home health-related care as determined by the service worker.</p> <p>Do not enter the home maintenance allowance. The system automatically subtracts this amount from income.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
In-Home Health-Related Care on an Active Medicaid Case		Financial eligibility and client participation under the in-home health-related care (IHHRC) program can be system-calculated with system notices.
		The ABC system has no direct impact on payment of benefits. The service worker issues the IHHRC payment. To initiate, change, or cancel payment of benefits, communicate with the service worker using form 470-0506, <i>Service Report</i> .
	TD01 ENT RSN	Enter H.
	TD01 AID	Enter either: 14-1 Aged 64-1 Disabled
	TD01 AID CHG DT	Enter the first day of the month of approval for in-home health-related care.
	TD01 MED AID	Enter the code for the coverage group.
	TD01 MED CHG DT	Enter the first day of the next system month.
	TD05 MED ENTRY RSN	Enter H.
	TD05 STATE SUPP ENTRY RSN	Enter A.
	TD05 STATE SUPP STATUS	Enter A.
	TD05 FI	Enter a space. (Press spacebar key).
	TD05 STATE SUPP APP DT	Enter the date the application was received in the local office.
	TD05 STATE SUPP POS DT	Enter the first day of the month in which the client becomes eligible.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
In-Home Health-Related Care on an Active Medicaid Case (Cont.)	TD05 STATE SUPP AD	Enter the code that indicates the timeliness of any approved State Supplementary Assistance application. Entry is required when entering an "A" in STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	RSCM BENEFIT MONTH	Enter RSCM screens for the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month but cannot go beyond the next system month. Select the applicable RSCM screen by entering the benefit month, starting with the month of the program positive date.
	RSCM AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.
	RSCS BENEFIT MONTH	Enter RSCS screens from the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month, but cannot go beyond the next system month. Select the applicable RSCS screen by entering the benefit month, starting with the month of the program positive date.
	RSCS AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.
	TD03 ENTRY RSN	Enter H.
	TD03	Enter all needed demographic information. See 14-B-Appendix, TD03 , for codes.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
In-Home Health-Related Care on an Active Medicaid Case (Cont.)	TD03	If there is a considered person for IHHRC, make entries to open the person on TD03 as a considered person.
	TD03 OHP	Enter N. (No entry is required on the considered person.)
	TD03 MED ST	Enter H for the considered person.
	TD03 FUND	Enter the applicable code: 1 Adult recipient 2 Child recipient S Considered person
	TD03 ST SUPP ST	Enter A, or enter H for the considered person.
	BCW2 BENEFIT MONTH	Enter BCW2 income and deductions from the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month, but cannot go beyond it. Select the applicable BCW2 by entering the person's state ID number and the benefit month, starting with the positive date. Entries may be for one, two, or three months: ♦ The next system month only. ♦ The current and next system months. ♦ The previous month, the current month, and the next system month. If more than three months' BCWs are needed, manual calculation is necessary.
	BCW2 THRU MO	Use the THRU MO field to generate multiple, identical BCW2s. The system will generate BCW2s for each month from the date in the BEN MO field through the date entered in the THRU MO field.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
In-Home Health-Related Care on an Active Medicaid Case (Cont.)		If the THRU MO field is blank or 00 00, the system will generate a single BCW2 for the month entered in the BEN MO field.
	BCW2 ENTRY RSN	Enter H.
	BCW2 PI	Entry of both D and C is needed.
	BCW2 E/B	<p>Code all income as A, unless different amounts are used to determine eligibility and benefits.</p> <p>If different amounts are used, enter code E on one line and B on another line. It does not matter which code is used on which line, but all indicators for one program must be entered on one screen.</p> <p>When entering both E and B lines, do not push ENTER between entering the E and the B. If you make an error, delete the transaction and reenter the data.</p>
	BCW2 EARNED 1-5	Enter gross earned income. (The system subtracts the earned income deduction.)
	BCW2 UNEARN 1-4 OTHER UI	<p>Enter unearned income.</p> <p>Enter the social security amount before deduction for the Medicare premium, even if buy-in is not complete. Determine this amount by adding the Medicare premium amount and any overpayment deduction amount to the net social security income</p>
	BCW2 SR 1-4, SR	Enter the code to identify the source of unearned income.
	BCW2 DEDUCT 1	Enter the amount to be deducted for a plan for self-support.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
In-Home Health-Related Care on an Active Medicaid Case (Cont.)	BCW2 DEDUCT 2	Enter the unmet medical needs.
	BCW2 P DED NEED	Enter the blind work expenses.
	BCW2 P DED PAY	Enter the cost of the care, as determined by the service worker. Do not enter the home maintenance allowance. The system automatically subtracts this amount from income.
Residential Care Facility	TD01 AID TD01 MED AID TD01 CO RES TD01 CNID	For a new case, see Case Numbering: Assigning Case Numbers , Aid Type Priority , and Case Name ID for TD01 instructions. See also 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification .
		Note: Clients with aid type 60-M must have a poverty level of 135% to 149%.
	TD01 ENTRY RSN	Enter A or H.
	TD01 AID CHG DT TD01 MED CHG DT	If the Medicaid is currently in an active status, see Aid Type Change .
	TD05 MED ENTRY RSN	Enter H if the master MED STATUS is A, B, or C. Otherwise, enter A to approve or C for approval, no application.
	TD05 MED STATUS	Leave blank if the master MED STATUS is A, B, or C. Otherwise: Enter A if MED ENTRY RSN is A. Enter C if MED ENTRY RSN is C.
	TD05 MED APP DT	Enter the date the local office received the application, unless the date was already entered to pend the application. If MED ENTRY RSN was H, leave blank.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Residential Care Facility (Cont.)	TD05 MED POS DT	Enter the first day of the month in which the client becomes eligible. If MED ENTRY RSN was H, leave blank.
	TD05 MED AD	Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an "A" in MED STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05 MR	Enter N.
	TD05 RETRO	Code TD05 RETRO for all the months you have determined the client to be eligible for retroactive medical assistance.
	TD05 FACILITY ENTRY RSN	Enter A or C.
	TD05 FAC STATUS	Enter A or C.
	TD05 FI	Enter a space. (Press the spacebar key.)
	TD05 FAC APP DT	Enter the date the local office received the application, unless the date was already entered to pend the application.
	TD05 FAC POS DT	Enter the date the client became eligible for payment for facility care.
	TD05 FAC AD	Enter the code that indicates the timeliness of any approved facility application. Entry is required when entering an "A" in FAC STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05 FAC MED CP CD	Enter M.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Residential Care Facility (Cont.)	TD05 VENDOR	Enter the vendor number. (Obtain this number from the facility.)
	RSCM BENEFIT MONTH	<p>Enter RSCM screens from the month of the facility positive date forward. The months entered must include the next system month, but cannot go beyond it.</p> <p>Select the RSCM screen by entering the benefit month, starting with the month of the facility positive date.</p>
	RSCM AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero. Enter zeros in the fields for at least one of the types.
	RSCS BENEFIT MONTH	Enter RSCS screens for the month of the facility positive date forward. Select the RSCS screen by entering the benefit month, starting with the positive date. The months entered must include the next system month, but cannot go beyond it.
	RSCS AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.
	TD03	Note: Approvals will not roll from the program line to the individual's programs even when previously pended.
	TD03 ENTRY RSN	Enter H if the master MED ST is A, B, or C. Otherwise, enter A to approve or C to reopen. This entry must be the same as the MED ENTRY RSN used on TD05.
	TD03	Enter all demographic information needed. See 14-B-Appendix, TD03 , for codes.
	TD03 OHP	Enter R.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Residential Care Facility (Cont.)	TD03 MP	Enter Y if the Medicare premium is withheld from the social security check. Enter N if the premium is not withheld.
	TD03 MED ST	If the master displays A, B, or C, no entry required. Otherwise, enter A to approve or C to reopen.
	TD03 FUND	Enter either: 1 Adult who is receiving SSI A Adult who is Medicaid only 2 Child who is receiving SSI C Child who is receiving Medicaid only (except for CMAP-children)
	TD03 POV	If required, enter the percentage of the federal poverty level for the client. (See 14-B-Appendix, TD03 POV , for aid types where no entry is needed in this field.)
	TD03 FAC ST	Enter A to approve. Enter C to reopen.
	TD03 HEALTH	Enter the applicable code for Medicare coverage.
	BCW2 BENEFIT MONTH	Enter BCW2 income and deductions for the month of the facility positive date forward. The months entered must include the next system month but cannot go beyond the next system month. Select the applicable BCW2 by entering the person's state ID number and the benefit month, starting with the facility positive date. There may be entries for one, two, or three months: ♦ The next system month only ♦ The current and next system months ♦ The previous month, the current month, and the next system month.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Residential Care Facility (Cont.)	BCW2 THRU MO	<p>(If more than three months' BCW2s are needed, manual calculation is required.)</p> <p>You can use the THRU MO field to generate multiple, identical BCW2s. The system will generate BCW2s for each month from the date in the BEN MO field through the date entered in the THRU MO field.</p> <p>If the THRU MO field is blank or 00 00, the system will generate a single BCW2 for the month entered in the BEN MO field.</p> <p>When BCW2s are entered for three benefit months, the <i>Notice of Decision</i> covers all three months. If the results vary, the system does the client participation updates to ABC and the facility system in a two-day sequence.</p>
	BCW2 ENTRY RSN	Enter H.
	BCW2 PI	Entries of both D and C are needed.
	BCW2 E/B	Code all income as A, unless different amounts are used to determine eligibility and benefits.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Residential Care Facility (Cont.)		<p>If different amounts are used, enter code E on one line and B on another line. It does not matter which code is used on which line, but all indicators for one program must be entered on one screen.</p> <p>When entering both E and B lines, do not push ENTER between entering the E and the B. If you make an error, delete the transaction and reenter the data.</p>
	BCW2 EARNED 1-5	Enter the gross earned income. (The system will subtract the applicable earned income deduction.)
	BCW2 UNEARN 1-4 OTHER UI	<p>Enter the unearned income.</p> <p>Enter the social security amount before deduction for the Medicare premium, even if buy-in is not complete. Determine this amount by adding the Medicare premium amount and any overpayment deduction amount to the net social security income</p>
	BCW2 SR 1-4, SR	Enter the code to identify the source of unearned income.
	BCW2 DEDUCT 1	Enter expenses of the home in the month of entry or discharge, client participation owed elsewhere, and diversion to spouse and dependents.
	BCW2 DEDUCT 2	<p>Enter any health insurance premiums, and unmet medical expenses or needs.</p> <p>When TD03 MP is Y, the system automatically deducts the Medicare premium in calculations for medical institution cases.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Residential Care Facility (Cont.)		If the premium exceeds the standard, enter the excess here. For more information, see Medicare Premium .
	BCW2 P DED NEED	Enter deductions for blind work expense.
	BCW2 P DED PAY	Enter deductions for plan for self-support. The personal needs allowance is deducted automatically.
Manual		
Dependent Person	TD01 TD01 AID TD01 MED AID TD01 CO RES TD01 CNID	For a new case, see Case Numbering: Assigning Case Numbers , Aid Type Priority , and Case Name ID for TD01 instructions. See also 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification .
	TD01 ENTRY RSN	Enter A or H.
	TD01 AID	Enter either: 14-6 Aged 24-6 Blind 64-6 Disabled
	TD01 AID CHG DT	When using an existing case number, enter the first day of the next system month.
	TD01 MED AID	Enter either: 14-6 Aged 24-6 Blind 64-6 Disabled
	TD05 MED ENTRY RSN	Enter E.
	TD05 MED STATUS	Enter A.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Dependent Person (Cont.)	TD05 RETRO	Code TD05 RETRO for all the months you have determined the client to be eligible for retroactive Medicaid.
		Note: If Medicaid eligibility predates the Medicaid retroactive period and was not previously recorded, submit a <i>Request for Special Update</i> , 470-0397, or enter Medicaid approval without pending and without entering an X in RETRO.
	TD05 MR	Enter N.
	TD05 STATE SUPP ENTRY RSN	Enter E.
	TD05 STATE SUPP STATUS	Enter A.
	TD05 FI	Enter X. Send a manually prepared <i>Notice of Decision</i> .
	TD05 STATE SUPP RSN1	Enter 000.
	TD05 STATE SUPP APP DT	Enter the date the local office received the application, unless the date was already entered to pend the application.
	TD05 STATE SUPP POS DT	Enter the date the client became eligible for State Supplementary Assistance. Note: Approvals and denials will roll from the program line to the individual's programs when previously pended.
	TD05 STATE SUPP AD	Enter the code that indicates the timeliness of any approved State Supplementary Assistance application. Entry is required when entering an "A" in STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Dependent Person (Cont.)	TD03 ENTRY RSN	Enter E. Note: No entry is required if the master medical status code is “D” and the FAC/ST/WV ST code is “D” and no updating of the individual’s TD03 data is required since the time of pending.
		Make these TD03 entries on both the recipient and the dependent.
	TD03	Complete all demographic information needed for the recipient and dependent. See 14-B-Appendix, TD03 , for codes.
	TD03 STATE ID	Assign a state ID number if needed. See State ID Numbers: Assigning State IDs .
	TD03 OHP	Leave this field blank for the SSI-related person. For the dependent person, enter the code that describes the person’s relationship to the State Supplementary Assistance recipient: A Dependent adult child D Dependent spouse M Dependent minor P Dependent parent
	TD03 MED ST	Enter A.
	TD03 FUND	Enter the applicable code: 1 Adult State Supplementary Assistance recipient 2 Child State Supplementary Assistance recipient 3 Adult dependent (not the cash recipient) 4 Child dependent (not the cash recipient)

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Dependent Person (Cont.)	TD03 POV	Enter the percentage of the federal poverty level for the client, if required. See 14-B-Appendix, TD03 POV , for aid types where no entry is needed in this field.
	TD03 ST SUPP ST	Enter A. Note: The system does not determine dependent person eligibility. Do not enter BCW2s or resource screens. The Social Security Administration issues dependent person SSA payments. Use form 470-0640, <i>State Supplementary Assistance Certification or Termination</i> , to initiate, change, or cancel the payment.
	TD03 HEALTH	Enter the applicable code for Medicare coverage.
Dependent Person on an Active Medicaid Case	TD01 ENTRY RSN	Enter H.
	TD01 AID	Enter either: 14-6 Aged 24-6 Blind 64-6 Disabled
	TD01 AID CHG DT	Enter the first day of the month of approval for the dependent person coverage group.
	TD01 MED AID	Enter either: 14-6 Aged 24-6 Blind 64-6 Disabled
	TD01 MED CHG DT	Enter the first day of the next system month.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Dependent Person on an Active Medicaid Case (Cont.)	TD05 MED ENTRY RSN	Enter H.
	TD05 STATE SUPP ENTRY RSN	Enter E.
	TD05 STATE SUPP STATUS	Enter A.
	TD05 FI	Enter X. Manually issue the NOD.
	TD05 STATE SUPP RSN1	Enter 000.
	TD05 STATE SUPP APP DT	Enter the date the local office received the application.
	TD05 STATE SUPP POS DT	Enter the first day of the month in which the client becomes eligible.
	TD05 STATE SUPP AD	Enter the code that indicates the timeliness of any approved State Supplementary Assistance application. Entry is required when entering an "A" in STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
		For the recipient (the person who already has active Medicaid) only:
	TD03 ENTRY RSN	Enter H.
	TD03 ST SUPP ST	Enter A.
		For the dependent (the person who is being added to Medicaid) only:
	TD03 ENTRY RSN	Enter A.
	TD03 STATE ID	Assign a state ID number if needed. See State ID Numbers: Assigning State Ids.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Dependent Person on an Active Medicaid Case (Cont.)	TD03	Enter data for the dependent person, including any needed demographic information and any codes applicable to program requirements. For valid codes, see 14-B-Appendix, TD03 .
	TD03 OHP	Enter the code that describes the dependent's relationship to the recipient. (Leave this field blank for the recipient.) A Dependent adult child D Dependent spouse M Dependent minor P Dependent parent
	TD03 MED ST	Enter A.
	TD03 MED DATE	Enter the first day of the first month of eligibility.
	TD03 FUND	Enter the applicable code: 3 Adult dependent 4 Child dependent
	TD03 ST SUPP ST	Enter A. The system does not determine dependent person eligibility. Do not enter BCW2s or resource screens. The Social Security Administration issues dependent person SSA payments. Use form 470-0640, <i>State Supplementary Assistance Certification or Termination</i> , to initiate, change, or cancel the payment.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Family-Life Home	TD01 TD01 AID TD01 MED AID TD01 CO RES TD01 CNID	For a new case, see Case Numbering: Assigning Case Numbers , Aid Type Priority , and Case Name ID for TD01 instructions. See also 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification .
	TD01 ENTRY RSN	Enter A or H.
	TD01 AID	When you are using an existing case number, see Aid Type Change .
	TD05 MED ENTRY RSN	Enter E.
	TD05 MED STATUS	Enter A.
	TD05 RETRO	Code TD05 RETRO for all the months you have determined the client to be eligible for retroactive medical. Note: If medical eligibility predates the retroactive Medicaid period and was not previously recorded, submit a <i>Request for Special Update</i> , 470-0397, or enter an SSI-related Medicaid approval without pending and without entering an X in RETRO.
	TD05 MR	Enter N.
	TD05 STATE SUPP ENTRY RSN	Enter E.
	TD05 STATE SUPP STATUS	Enter A.
	TD05 FI	Enter X. Manually issue the NOD.
	TD05 STATE SUPP RSN1	Enter 000.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Family-Life Home (Cont.)	TD05 STATE SUPP APP DT	Enter the date the application was received in the local office. If the date was entered to pend the application, recoding is not necessary.
	TD05 STATE SUPP POS DT	Enter the date the client became eligible for State Supplementary Assistance. Note: Approvals and denials will roll from the program line to the individual's programs when previously pended.
	TD05 STATE SUPP AD	Enter the code that indicates the timeliness of any approved State Supplementary Assistance application. Entry is required when entering an "A" STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05 1ST CP AMT	Enter amount.
	TD05 ONGOING CP AMT	Enter amount.
	TD03 ENTRY RSN	Enter E. Note: No entry is required when: <ul style="list-style-type: none"> ◆ The master medical status code is "D," ◆ The FAC/ST/WV status code is "D," and ◆ None of the person's TD03 data needs updating from when it was pended.
	TD03	Complete any needed demographic information. See 14-B-Appendix, TD03 , for valid codes.
	TD03 OHP	Enter F, or enter G if an SSI recipient.
	TD03 MED ST	Enter A.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Family-Life Home (Cont.)	TD03 FUND	Enter 1.
	TD03 POV	Enter the percentage of the federal poverty level for the client, if required. (See 14-B-Appendix, TD03 POV , for aid types where no entry is needed in this field.)
	TD03 ST SUPP STATUS	Enter A.
	TD03 HEALTH	Enter the applicable code for Medicare coverage.
Family-Life Home on an Active Medicaid Case	TD01 ENTRY RSN	Enter H.
	TD01 AID	Enter either: 10-0 Aged 60-0 Disabled
	TD01 AID CHG DT	Enter the first day of the month of approval for family-life home payment.
	TD01 MED AID	Enter the code for the coverage group.
	TD01 MED CHG DT	Enter the first day of the next system month.
	TD05 MED ENTRY RSN	Enter H.
	TD05 STATE SUPP ENTRY RSN	Enter E.
	TD05 STATE SUPP STATUS	Enter A.
	TD05 FI	Enter X. Manually issue the NOD.
	TD05 STATE SUPP RSN1	Enter 000.
	TD05 STATE SUPP APP DT	Enter the date the local office received the application.

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Family-Life Home on an Active Medicaid Case (Cont.)	TD05 STATE SUPP POS DT	Enter the first day of the month in which the client becomes eligible.
	TD05 STATE SUPP AD	Enter the code that indicates the timeliness of any approved State Supplementary Assistance application. Entry is required when entering an "A" STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05 1ST CP AMT	Enter amount.
	TD05 ONGOING CP AMT	Enter amount.
	TD05 FLH AMOUNT	If a state-administered payment is necessary, enter the payment amount.
	TD03 ENTRY RSN	Enter H.
	TD03 OHP	Enter F, or enter G if an SSI recipient.
	TD03 FUND	Enter 1.
In-Home Health-Related Care	TD03 ST SUPP ST	Enter A.
	TD01 AID TD01 MED AID TD01 CO RES TD01 CNID	Note: If there is a considered person on the case, make entries to open the person on TD03 as a considered person.
		For a new case, see Case Numbering: Assigning Case Numbers , Aid Type Priority , and Case Name ID for TD01 instructions. See also 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification .
		Enter A or H.
	TD01 ENTRY RSN	

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
In-Home Health-Related Care (Cont.)	TD01 AID	Enter either: 14-1 Aged 64-1 Disabled
	TD01 AID CHG DT	When using an existing case number, enter the first day of the month of approval for family-life home payment.
	TD01 AID	When you are using an existing case number, see Aid Type Change .
	TD05 MED ENTRY RSN	Enter E.
	TD05 MED STATUS	Enter A.
	TD05 MED POS DT	Enter in MM/DD/YY format. Note: If medical eligibility predates the retroactive Medicaid period and was not previously recorded, submit a <i>Request for Special Update</i> , 470-0397, or enter an SSI-related Medicaid approval without pending and without entering an X in RETRO.
	TD05 MR	Enter N.
	TD05 RETRO	Code TD05 RETRO for all the months you have determined the client to be eligible for retroactive medical assistance.
	TD05 STATE SUPP ENTRY RSN	Enter E.
	TD05 STATE SUPP STATUS	Enter A.
	TD05 FI	Enter X. Manually issue the NOD.
	TD05 STATE SUPP RSN1	Enter 000.

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In-Home Health-Related Care (Cont.)	TD05 STATE SUPP APP DT	Enter the date the application was received in the local office. If the date was entered to pend the application, reentry is not necessary.
	TD05 STATE SUPP POS DT	Enter the date the client became eligible for State Supplementary Assistance.
	TD05 STATE SUPP AD	Enter the code that indicates the timeliness of any approved State Supplementary Assistance application. Entry is required when entering an "A" STATUS. If the application is untimely, enter the reason for the processing delay. If the application is processed timely, use code "A."
	TD05 STATE SUPP 1 ST CP AMT	Enter the amount.
	TD05 STATE SUPP ONGOING CP	Enter the amount.
		If there is a considered person for IHHRC, make entries to open the person on the TD03 as a considered person.
	TD03	Note: Approvals will not roll from the program line to the individual's programs even when previously pended.
	TD03 ENTRY RSN	Enter E.
	TD03	Complete any needed demographic information. See 14-B-Appendix, TD03 , for valid codes.
	TD03 OHP	Enter N. (No entry is required on a considered person.)
	TD03 MED ST	Enter A, or enter H for the considered person.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
In-Home Health-Related Care (Cont.)	TD03 FUND	Enter the applicable code: 1 Adult recipient 2 Child recipient S Considered person
	TD03 POV	Enter the percentage of the federal poverty level for the client, if required. (See 14-B-Appendix, TD03 POV , for aid types that do not require an entry in this field.)
	TD03 ST SUPP ST	Enter A, or H for the considered person.
	TD03 HEALTH	Enter the applicable code for Medicare coverage.
In-Home Health-Related Care on an Active Medicaid Case	TD01 ENTRY RSN	Enter H
	TD01 AID	Enter either: 14-1 Aged 64-1 Disabled
	TD01 AID CHG DT	Enter the first day of the month of approval for in-home health-related care.
	TD01 MED AID	Enter the code for the coverage group.
	TD01 MED CHG DT	Enter the first of the next system month.
	TD05 MED ENTRY RSN	Enter H.
	TD05 STATE SUPP ENTRY RSN	Enter E.
	TD05 STATE SUPP STATUS	Enter A.
	TD05 FI	Enter X. Manually issue the NOD.
	TD05 STATE SUPP RSN1	Enter 000.

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In-Home Health-Related Care on an Active Medicaid Case (Cont.)	TD05 STATE SUPP APP DT	Enter the date the application was received in the local office.
	TD05 STATE SUPP POS DT	Enter the first day of the month in which the client becomes eligible.
	TD05 STATE SUPP AD	Enter the code that indicates the timeliness of any approved State Supplementary Assistance application. Entry is required when entering an "A" STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05 1ST CP AMT	Enter the amount.
	TD05 ONGOING CP AMT	Enter the amount.
		Note: If there is a considered person for IHHRC, make entries to open the person on the TD03 as a considered person.
	TD03 ENTRY RSN	Enter E.
	TD03	Complete any demographic information needed. See 14-B-Appendix, TD03 , for valid codes.
	TD03 OHP	Enter N. (No entry is required on a considered person.)
	TD03 MED ST	Enter H for the considered person.
	TD03 FUND	Enter the applicable code: 1 Adult recipient 2 Child recipient S Considered person
	TD03 ST SUPP ST	Enter A or enter H for the considered person.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Residential Care Facility	TD01 TD01 AID TD01 MED AID TD01 CO RES TD01 CNID	For a new case, see Case Numbering: Assigning Case Numbers , Aid Type Priority , and Case Name ID for TD01 instructions. See also 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification .
	TD01 ENTRY RSN	Enter A or H.
	TD01 AID	Enter the applicable code: 13-4 Aged, receives SSI 13-5 Aged, income over SSI limit 63-4 Disabled, receives SSI 63-5 Disabled, income over SSI limit
	TD01 AID CHG DT	If Medicaid is currently in an active status, enter the first day of the current month.
	TD05 MED ENTRY RSN	Enter H if the master MED STATUS is A, B, or C. Otherwise, enter E.
	TD05 MED STATUS	If the master MED STATUS is A, B, or C, leave blank. Otherwise, enter A to approve or C to reopen.
	TD05 MED APP DT	Enter the date the application was received in the local office. If the date was entered to pend the application, recoding is not necessary. If MED ENTRY RSN was H, leave blank.
	TD05 MED POS DT	Enter the first day of the month in which the client becomes eligible. If MED ENTRY RSN was H, leave blank.

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Residential Care Facility (Cont.)	TD05 MED AD	Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an "A" MED STATUS. If the application is untimely, enter the reason for the processing delay. If the application is processed timely, use code "A."
	TD05 RETRO	Code TD05 RETRO for all the months you have determined the client to be eligible for retroactive medical assistance. Note: If medical eligibility predates the retroactive Medicaid period and was not previously recorded, submit a <i>Request for Special Update</i> , 470-0397, or enter an SSI-related Medicaid approval without pending and without entering an X in RETRO field.
	TD05 MR	Enter N.
	TD05 STATE SUPP ENTRY RSN	Enter E.
	TD05 STATE SUPP STATUS	Enter A to approve. Enter C to reopen.
	TD05 FI	Enter X. Manually issue the NOD.
	TD05 STATE SUPP RSN1	Enter code. See 14-B-Appendix, NOTICE CODES . Do not use 000, because the facility subsystem does not recognize 000.
	TD05 STATE SUPP APP DT	Enter the date the local office received the application. If you entered this to pend the application, reentry is not necessary.
	TD05 STATE SUPP POS DT	Enter the date the client became eligible for payment for facility care.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Residential Care Facility (Cont.)	TD05 STATE SUPP AD	Enter the code that indicates the timeliness of any approved State Supplementary Assistance application. Entry is required when entering an “A” FAC STATUS. If the application is untimely, enter the reason for the processing delay. If the application is processed timely, use code “A.”
	TD05 STATE SUPP MED CP CD	Enter M.
	TD05 VENDOR	Enter the vendor number. (Obtain the number from the vendor.)
	TD05 1ST CP AMT	Enter the amount of client participation for the month of the STATE SUPP POS DT.
	TD05 ONGOING CP	Enter the amount of client participation for the month after the STATE SUPP POS DT. Note: Approvals and denials will roll from the program line to the individual’s programs when previously pended.
	TD03 ENTRY RSN	Enter H if the master medical status code is A, B, or C. Otherwise, enter E. Note: No entry is required if the master medical status code is “D,” and the FAC/ST/WV status code is “D,” and no updating of the individual’s TD03 data is required since the time of pending.
	TD03	Complete any needed demographic information. See 14-B-Appendix, TD03 , for valid codes.
	TD03 OHP	Enter R.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Residential Care Facility (Cont.)	TD03 MP	Enter Y if the Medicare premium is withheld from the check. Enter N if it is not withheld.
	TD03 MED ST	If the master displays A, B, or C, make no entry. Otherwise, enter A to approve or C to reopen.
	TD03 FUND	Enter the applicable code: 1 Adult recipient 2 Child recipient
	TD03 POV	Enter the percentage of the federal poverty level for the client, if required. (See 14-B-Appendix, TD03 POV , for aid types where no entry is needed.)
	TD03 ST SUPP ST	Enter A to approve. Enter C to reopen. Note: Make entries to change to automated client participation with a facility positive date of the first month that is eligible for automated calculation. See FACILITY CASE ACTIONS: Changing Client Participation .
	TD03 HEALTH	Enter the applicable code.
Denying an Application	TD01 TD01 AID TD01 MED AID TD01 CO RES TD01 CNID	For a new case, see Case Numbering: Assigning Case Numbers , Aid Type Priority , and Case Name ID for TD01 instructions. See also 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification .
	TD01 ENTRY RSN	Enter A or H.
	TD01 AID	Enter the aid type for the type of assistance being denied.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Denying an Application (Cont.)	TD05 MED ENTRY RSN	Enter A.
	TD05 MED STATUS	Enter M.
	TD05 STATE SUPP ENTRY RSN	Enter A.
	TD05 STATE SUPP STATUS	Enter M.
	TD05 FI	Enter a space. (Press spacebar key.)
	TD05 STATE SUPP RSN2	Enter the notice reason. Do not use 613.
	TD05 STATE SUPP APP DT	Enter the date the application was received in the local office. If the date was entered to pend the application, recoding is not necessary.
	TD03 ENTRY RSN	Enter A.
	TD03	Complete any needed demographic information. See 14-B-Appendix, TD03 .
	TD03 MED ST	Enter M.
Reopening a Case Automated Family-Life Home	TD01 ENTRY RSN TD01 AID	Enter H.
		Enter either: 10-0 Aged 60-0 Disabled

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Family-Life Home (Cont.)	TD05 MED ENTRY RSN	Enter C.
	TD05 MED STATUS	Enter C.
	TD05 STATE SUPP ENTRY RSN	Enter C.
	TD05 STATE SUPP STATUS	Enter C.
	TD05 FI	Enter a space. (Press spacebar key.)
	TD05 STATE SUPP APP DT	Enter the date of reapplication was received in the local office. If the date was entered to pend the application, recoding is not necessary.
	TD05 STATE SUPP POS DT	Enter the first day of the month in which the client become eligible.
	TD05 FLH AMOUNT	If a state-administered payment is necessary, enter the amount of the payment.
	RSCM BENEFIT MONTH	Enter RSCM screens from the month of the state supplementary positive date forward. The months entered must include the next system month. They cannot be further in the future than the next system month. Select the applicable RSCM screen by entering the benefit month. The earliest benefit month entered is the month of the state supplementary positive date.
	RSCM AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Family-Life Home (Cont.)	RSCS BENEFIT MONTH	Enter RSCS screens from the month of the facility positive date forward. The months entered must include the next system month. They cannot be further in the future than the next system month. Select the applicable RSCS screen by entering the benefit month. The earliest benefit month entered is the facility positive date.
	RSCS AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.
	TD03 ENTRY RSN	Enter C.
	TD03	Complete any needed demographic information. See 14-B-Appendix, TD03 , for valid codes.
	TD03 OHP	Enter F, or enter G if receiving SSI.
	TD03 MED ST	Enter C.
	TD03 FUND	Enter 1.
	TD03 POV	Enter the percentage of the federal poverty level for the client, if required. (See 14-B-Appendix, TD03 POV , for aid types where no entry is needed in this field.)
	TD03 ST SUPP ST	Enter C.
	TD03 HEALTH	Enter the applicable code for Medicare coverage.

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Family-Life Home (Cont.)	BCW2 BENEFIT MONTH	<p>Enter BCW2 income and deductions from the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month, but cannot go beyond it.</p> <p>Select the applicable BCW2 by entering the person's state ID number and the benefit month, beginning with the program positive date. There may be entries for one, two, or three months:</p> <ul style="list-style-type: none"> ◆ The next system month only. ◆ The current and next system months. ◆ The first prior month, current month, and next system months. <p>(If more than three months' BCWs are needed, manual calculation is necessary.)</p>
	BCW2 THRU MO	<p>You can use the THRU MO field to generate multiple, identical BCW2s. The system will generate BCW2s for each month from the date in the BEN MO field through the date entered in the THRU MO field.</p> <p>If the THRU MO field is blank or 00 00, the system will generate a single BCW2 for the month entered in the BEN MO field.</p>
	BCW2 ENTRY RSN	Enter H.
	BCW2 PI	Entry of both D and C is needed.
	BCW2 E/B	Code all income as A, unless different amounts are used to determine eligibility and benefits.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Family-Life Home (Cont.)		If different amounts are used, enter code E on one line and B on another line. It does not matter which code is used on which line, but all indicators for one program must be entered on one screen.
		When using both the E and B codes, do not press ENTER between entering the E and B line. If you make an error, delete the transaction and reenter the data.
	BCW2 EARNED 1-5	Enter gross earned income. (The system subtracts the earned income deduction.)
	BCW2 UNEARN 1-4 OTHER UI	Enter unearned income. Enter the social security amount before deduction for the Medicare premium, even if buy-in is not complete. Determine this amount by adding the Medicare premium amount and any overpayment deduction amount to the net social security income
	BCW2 SR 1-4, SR	Enter the code to identify the source of unearned income.
Family-Life Home on an Active Medicaid Case	TD01 ENTRY RSN	Enter H.
	TD01 AID	Enter either: 10-0 Aged 60-0 Disabled
	TD01 AID CHG DT	Enter the first day of the month of approval for family-life home payment.
	TD01 MED AID	Enter the code for the coverage group.
	TD01 MED CHG DT	Enter the first day of the next system month.

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Family-Life Home on an Active Medicaid Case (Cont.)	TD05 MED ENTRY RSN	Enter H.
	TD05 STATE SUPP ENTRY RSN	Enter C.
	TD05 STATE SUPP STATUS	Enter C.
	TD05 FI	Enter a space. (Press spacebar key.)
	TD05 STATE SUPP APP DT	Enter the date the reapplication was received in the local office.
	TD05 STATE SUPP POS DT	Enter the first day of the month in which the client becomes eligible.
	TD05 STATE SUPP AD	Enter the code that indicates the timeliness of any approved State Supplementary Assistance application. Entry is required when entering an "A" STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05 FLH AMOUNT	If a state-administered payment is necessary, enter the amount of the payment.
	RSCM BENEFIT MONTH	Enter RSCM screens from the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month, but cannot go beyond the next system month. Select the applicable RSCM screen by entering the benefit month, starting with the month of the program positive date.
	RSCM AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Family-Life Home on an Active Medicaid Case (Cont.)	RSCS BENEFIT MONTH	<p>Enter RSCS screens from the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month, but cannot go beyond the next system month.</p> <p>Select the applicable RSCS screen by entering the benefit month, starting with the month of the program positive date.</p>
	RSCS AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.
	TD03 ENTRY RSN	Enter C.
	TD03 OHP	Enter F, or enter G if receiving SSI.
	TD03 FUND	Enter 1.
	TD03 ST SUPP ST	Enter C.
	BCW2 BENEFIT MONTH	<p>Enter BCW2 income and deductions for the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month, but cannot go beyond it.</p> <p>Select the applicable BCW2 by entering the person's state ID number and the benefit month, starting with the program positive date. There may be entries for one, two, or three months:</p> <ul style="list-style-type: none"> ◆ The next system month only. ◆ The current and next system months. ◆ The first prior month, current month, and next system months. <p>(If more than three months' BCWs are needed, manual calculation is necessary.)</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Family-Life Home on an Active Medicaid Case (Cont.)	BCW2 THRU MO	You can use the THRU MO field to generate multiple, identical BCW2s. The system will generate BCW2s for each month from the date in the BEN MO field through the date entered in the THRU MO field.
	If the THRU MO field is blank or 00 00, the system will generate a single BCW2 for the month entered in the BEN MO field.	
	BCW2 ENTRY RSN	Enter H.
	BCW2 PI	Entry of both D and C is needed.
	BCW2 E/B	Code all income as A, unless different amounts are used to determine eligibility and benefits. If different amounts are used, enter code E on one line and B on another line. It does not matter which code is used on which line, but all indicators for one program must be entered on one screen. When entering both E and B codes, do not press ENTER between entering the E and B lines. If you make an error, delete the transaction and reenter the data.
	BCW2 EARNED 1-5	Enter gross earned income. (The system subtracts the earned income deduction.)

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Family-Life Home on an Active Medicaid Case (Cont.)	BCW2 UNEARN 1-4 OTHER UI	Enter unearned income. Enter the social security amount before deduction for the Medicare premium, even if buy-in is not complete. Determine this amount by adding the Medicare premium amount and any overpayment deduction amount to the net social security income
In-Home Health- Related Care	BCW2 SR 1-4, SR	Enter the code to identify the source of unearned income. Financial eligibility and client participation under the in-home health-related care (IHHRC) program can be system-calculated with system notices. The ABC system has no direct impact on the payment of benefits. The DHS service worker issues the IHHRC payment. To initiate, change, or cancel benefit payment, communicate with the service worker using form 470-0506, <i>Service Report</i> .
	TD01 AID	Enter either: 14-1 Aged 64-1 Disabled
	TD01 AID CHG DT	Enter the first day of the month of approval for IHHRC payment.
	TD05 MED ENTRY RSN	Enter C.
	TD05 MED STATUS	Enter C.
	TD05 MED POS DT	Enter in MM/DD/YY format.
	TD05 STATE SUPP ENTRY RSN	Enter C.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
In-Home Health-Related Care (Cont.)	TD05 STATE SUPP STATUS	Enter C.
	TD05 FI	Enter a space. (Press spacebar key.)
	TD05 STATE SUPP APP DT	Enter the date the reapplication was received in the local office, unless the date was entered to pend the application.
	TD05 STATE SUPP POS DT	Enter the first day of the month in which the client becomes eligible.
	RSCM BENEFIT MONTH	Enter RSCM screens for the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month, but cannot go beyond the next system month. Select the applicable RSCM screen by entering the benefit month, starting with the month of the State Supplementary Assistance positive date.
	RSCM AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.
	RSCS BENEFIT MONTH	Enter RSCS screens from the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month but cannot go beyond the next system month. Select the applicable RSCS screen by entering the benefit month, starting with the month of the State Supplementary Assistance positive date.

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In-Home Health-Related Care (Cont.)	RSCS AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types. Note: If there is a considered person on case, make entries to open the person on the TD03 as a considered person.
	TD03 ENTRY RSN	Enter C.
	TD03 OHP	Enter N. (No entry is required on a considered person.)
	TD03 MED ST	Enter C, or enter H for the considered person.
	TD03 FUND	Enter the applicable code: 1 Adult recipient 2 Child recipient S Considered person
	TD03 ST SUPP ST	Enter C, or enter H for the considered person.
	TD03 POV	Enter the percentage of the federal poverty level for the client, if required. (See 14-B-Appendix, TD03 POV , for aid types where no entry is needed in this field.)
	TD03 HEALTH	Enter the applicable code for Medicare coverage.
	BCW2 BENEFIT MO	Enter BCW2 income and deductions from the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month but cannot go beyond it.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
In-Home Health-Related Care (Cont.)		<p>Select the applicable BCW2 by entering the person's state ID number and the benefit month, starting with the program positive date. Entries may be for one, two, or three months:</p> <ul style="list-style-type: none"> ◆ The next system month only. ◆ The current and next system months. ◆ The first prior month, current month, and next system months. <p>(If more than three months' BCWs are needed, manual calculation is necessary.)</p>
	BCW2 THRU MO	<p>You can use the THRU MO field to generate multiple, identical BCW2s. The system will generate BCW2s for each month from the date in the BEN MO field through the date entered in the THRU MO field.</p> <p>If the THRU MO field is blank or 00 00, the system will generate a single BCW2 for the month entered in the BEN MO field.</p>
	BCW2 ENTRY RSN	Enter H.
	BCW2 PI	Entry of both D and C is needed.
	BCW2 E/B	<p>Code all income as A, unless different amounts are used to determine eligibility and benefits.</p> <p>If different amounts are used, enter code E on one line and code on another line. It does not matter which code is used on which line, but all indicators for one program must be entered on one screen.</p>

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In-Home Health-Related Care (Cont.)		When using both the E and B codes, do not push ENTER between entering the E and the B. If you make an error, delete the transaction and reenter the data.
	BCW2 EARNED 1-5	Enter the amount of gross earned income. (The system will subtract the applicable earned income deduction.)
	BCW2 UNEARN 1-4 OTHER UI	Enter the amount of unearned income. Enter the social security amount before deduction for the Medicare premium, even if buy-in is not complete. Determine this amount by adding the Medicare premium amount and any overpayment deduction amount to the net social security income.
	BCW2 SR 1-4, SR	Enter the code to identify the source of unearned income.
	BCW2 DEDUCT 1	Enter the amount to be deducted for a plan for self-support.
	BCW2 DEDUCT 2	Enter the unmet medical needs.
	BCW2 P DED NEED	Enter the blind work expenses.
	BCW2 P DED PAY	Enter the cost of in-home health-related care as determined by the service worker. Do not enter the home maintenance allowance. The system automatically subtracts this amount from income.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
In-Home Health-Related Care on an Active Medicaid Case		<p>Financial eligibility and client participation under the in-home health-related care (IHHRC) program can be system-calculated with system notices.</p> <p>The ABC system has no direct impact on the payment of benefits. The DHS service worker issues the IHHRC payment. To initiate, change, or cancel benefit payment, communicate with the service worker using form 470-0506, <i>Service Report</i>.</p>
	TD01 ENTRY RSN	Enter H.
	TD01 AID	Enter either: 14-1 Aged 64-1 Disabled
	TD01 AID CHG DT	Enter the first day of the month of approval for IHHRC payment.
	TD01 MED AID	Enter the code for the coverage group.
	TD01 MED CHG DT	Enter the first day of the next system month.
	TD05 MEDICAL ENTRY RSN	Enter H.
	TD05 ST SUPP ENTRY RSN	Enter C.
	TD05 STATE SUPP STATUS	Enter C.
	TD05 FI	Enter a space. (Press spacebar key).
	TD05 STATE SUPP APP DT	Enter the date the application was received in the local office.
	TD05 STATE SUPP POS DT	Enter the first day of the month in which the client becomes eligible.

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In-Home Health-Related Care on an Active Medicaid Case (Cont.)	RSCM BENEFIT MONTH	<p>Enter RSCM screens for the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month but cannot go beyond the next system month.</p> <p>Select the applicable RSCM screen by entering the benefit month, starting with the month of the program positive date.</p>
	RSCM AMOUNTS	<p>Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.</p>
	RSCS BENEFIT MONTH	<p>Enter RSCS screens from the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month but cannot go beyond the next system month.</p> <p>Select the applicable RSCS screen by entering the benefit month, starting with the month of the program positive date.</p>
	RSCS AMOUNTS	<p>Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.</p> <p>Note: If there is a considered person on case, make entries to open the person on the TD03 as a considered person.</p>
	TD03 ENTRY RSN	<p>Enter H, or enter A for the considered person.</p>
	TD03	<p>Enter all demographic information needed. See 14-B-Appendix, TD03, for codes.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
In-Home Health-Related Care on an Active Medicaid Case (Cont.)	TD03 OHP	Enter N. (No entry is required on a considered person.)
	TD03 MED ST	Enter H.
	TD03 FUND	Enter the applicable code: 1 Adult recipient 2 Child recipient S Considered person
		Enter A, or enter H for the considered person.
		Enter BCW2 income and deductions from the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month but cannot go beyond it. Select the applicable BCW2 by entering the person's state ID number and the benefit month, starting with the program positive date. There may be entries for one, two, or three months: ♦ The next system month only. ♦ The current and next system months. ♦ The first prior month, current month, and next system months. (If more than three months' BCWs are needed, manual calculation is required.)
	BCW2 THRU MO	You can use the THRU MO field to generate multiple, identical BCW2s. The system will generate BCW2s for each month from the date in the BEN MO field through the date entered in the THRU MO field. If the THRU MO field is blank or 00 00, the system will generate a single BCW2 for the month entered in the BEN MO field.

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In-Home Health-Related Care on an Active Medicaid Case (Cont.)	BCW2 ENTRY RSN	Enter H.
	BCW2 PI	Entry of both D and C is needed.
	BCW2 E/B	Code all income as A, unless different amounts are used to determine eligibility and benefits.
		If different amounts are used, enter code E on one line and code B on another line. It does not matter which code is used on which line, but all indicators for one program must be entered on one screen.
		When using both the E and B codes, do not push ENTER between entering the E and the B. If you make an error in the E/B entry, delete the transaction and reenter it.
	BCW2 EARNED 1-5	Enter the amount of gross earned income. (The system will subtract the applicable earned income deduction.)
	BCW2 UNEARN 1-4 OTHER UI	Enter the amount of unearned income. Enter the social security amount before deduction for the Medicare premium, even if buy-in is not complete. Determine this amount by adding the Medicare premium amount and any overpayment deduction amount to the net social security income.
	BCW2 SR 1-4, SR	Enter the code to identify the source of unearned income.
	BCW2 DEDUCT 1	Enter the amount to be deducted for a plan for self-support.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
In-Home Health-Related Care on an Active Medicaid Case (Cont.)	BCW2 DEDUCT 2	Enter the unmet medical needs.
	BCW2 P DED NEED	Enter the blind work expenses.
	BCW2 P DED PAY	Enter the cost of in-home health-related care as determined by the service worker. Do not enter the home maintenance allowance. The system automatically subtracts this amount from income.
Manual		
Dependent Person	TD01 AID	Enter either: 14-6 Aged 24-6 Blind 64-6 Disabled
	TD05 MED ENTRY RSN	Enter E.
	TD05 MED STATUS	Enter A.
	TD05 RETRO	Code TD05 RETRO for all the months you have determined the client to be eligible for retroactive medical assistance. Note: If eligibility predates the Medicaid retroactive period and was not previously recorded, submit form 470-0397, <i>Request for Special Update</i> , or enter an SSI-related Medicaid approval without pending and without entering an X in RETRO.
	TD05 MR	Enter N.
	TD05 STATE SUPP ENTRY RSN	Enter E.
	TD05 STATE SUPP STATUS	Enter A.

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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Dependent Person (Cont.)	TD05 FI	Enter X. Manually issue the <i>Notice of Decision</i> .
	TD05 STATE SUPP RSN1	Enter 000.
	TD05 STATE SUPP APP DT	Enter the date the local office received the application, unless the date was already entered to pend the application.
	TD05 STATE SUPP POS DT	Enter the date the client became eligible for State Supplementary Assistance.
	TD05 STATE SUPP AD	Enter the code that indicates the timeliness of any approved State Supplementary Assistance application. Entry is required when entering an "A" STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD03 ENTRY RSN	Enter E.
	TD03	Complete any demographic information needed. See 14-B-Appendix, TD03 , for valid codes.
	TD03 OHP	Leave blank for the SSI-related person.
	TD03 MED ST	Enter A.
	TD03 FUND	Enter the applicable code: 1 Adult recipient 2 Child recipient
	TD03 POV	Enter the percentage of the federal poverty level for the client, if required. (See 14-B-Appendix, TD03 POV , for aid types where no entry is needed in this field.)

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Dependent Person (Cont.)	TD03 FAC ST	Enter A.
	TD03 HEALTH	Enter the applicable code for Medicare coverage.
	TD03 ENTRY RSN	Enter E on the person that is being added as the dependent.
	TD03 STATE ID	Assign a state identification number if necessary. See State ID Numbers: Assigning State IDs .
	TD03	Enter data for the dependent person, including any needed demographic information and any codes applicable to the specific program requirements. See 14-B-Appendix, TD03 , for valid codes.
	TD03 OHP	For the dependent person, enter the code that describes the dependent's relationship to the recipient: A Dependent adult child D Dependent spouse M Dependent minor P Dependent parent
	TD03 MED ST	Enter A.
	TD03 FUND	Enter the applicable code: 3 Adult dependent 4 Child dependent Note: Dependent person eligibility is not system-determined. BCW2s and resource screens are never entered.

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ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Dependent Person (Cont.)			The Social Security Administration issues the dependent person SSA payments. Use form 470-0640, <i>State Supplementary Assistance Certification or Termination</i> , to initiate, change, or cancel the payment.
Dependent Person on an Active Medicaid Case	TD01	ENTRY RSN	Enter H
	TD01	AID	Enter either: 14-6 Aged 24-6 Blind 64-6 Disabled
	TD01	AID CHG DT	Enter the first day of the month of approval for dependent person payment.
	TD01	MED AID	Enter the code for the coverage group.
	TD01	MED CHG DT	Enter the first day of the next system month.
	TD05	MED ENTRY RSN	Enter H.
	TD05	STATE SUPP ENTRY RSN	Enter E.
	TD05	STATE SUPP STATUS	Enter A.
	TD05	FI	Enter X.
	TD05	STATE SUPP RSN1	Enter 000. Manually issue the <i>Notice of Decision</i> .
	TD05	STATE SUPP APP DT	Enter the date the local office received the application.
	TD05	STATE SUPP POS DT	Enter the first day of the month in which the client becomes eligible.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Dependent Person on an Active Medicaid Case (Cont.)	TD05 STATE SUPP AD	Enter the code that indicates the timeliness of any approved State Supplementary Assistance application. Entry is required when entering an "A" STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD03 ENTRY RSN	Enter H.
	TD03	Complete any needed demographic information. See 14-B-Appendix, TD03 , for valid codes.
	TD03 OHP	Leave this field blank.
	TD03 ST SUPP ST	Enter C.
	TD03 ENTRY RSN	Enter E on the person that is being added as the dependent.
	TD03 STATE ID	Assign a state ID number if necessary. See State ID Numbers: Assigning State IDs .
	TD03	Enter data for the dependent person, including any needed demographic information and any codes applicable to the specific program requirements. See 14-B-Appendix, TD03 , for valid codes.
	TD03 OHP	Enter the code that describes the dependent living with the recipient: A Dependent adult child D Dependent spouse M Dependent minor P Dependent parent
	TD03 MED ST	Enter A.
	TD03 MED DATE	Enter the first day of the first month of eligibility.

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Dependent Person on an Active Medicaid Case (Cont.)	TD03 FUND	Enter applicable code: 1 Adult recipient 2 Child recipient 3 Adult dependent 4 Child dependent
	TD03 STATE SUPP ST	Enter A. Note: Dependent person eligibility is not system-determined. BCW2s and resource screens are never entered. The Social Security Administration issues the State Supplementary Assistance dependent person payments. Use form 470-0640, <i>State Supplementary Assistance Certification or Termination</i> , to initiate, change, or cancel the actual payment.
Family-Life Home	TD01 ENTRY RSN	Enter H
	TD01 AID	Enter either: 10-0 Aged 60-0 Disabled
	TD05 MED ENTRY RSN	Enter E.
	TD05 MED STATUS	Enter A.
	TD05 RETRO	Code TD05 RETRO for all the months you have determined the client to be eligible for retroactive Medicaid. Note: If medical eligibility predates the retroactive Medicaid period and was not previously recorded, submit a <i>Request for Special Update</i> , 470-0397, or enter an SSI-related Medicaid approval without the pending step and without entering an X in RETRO.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Family-Life Home (Cont.)	TD05 MR	Enter N.
	TD05 STATE SUPP ENTRY RSN	Enter E.
	TD05 STATE SUPP STATUS	Enter C.
	TD05 FI	Enter X. Issue a manual notice.
	TD05 STATE SUPP RSN1	Enter 000.
	TD05 STATE SUPP APP DT	Enter the date the application was received in the local office, unless the date was already entered to pend the application.
	TD05 STATE SUPP POS DT	Enter the date the client became eligible for State Supplementary Assistance.
	TD03 ENTRY RSN	Enter E.
	TD03	Complete any needed demographic information. See 14-B-Appendix, TD03 , for valid codes.
	TD03 OHP	Enter F, or enter G if receiving SSI.
	TD03 MED ST	Enter A.
	TD03 FUND	Enter 1.
	TD03 POV	Enter the percentage of the federal poverty level for the client, if required. (See 14-B-Appendix, TD03 POV , for aid types where no entry is needed in this field.)
	TD03 FAC ST	Enter C.
	TD03 HEALTH	Enter the applicable code for Medicare coverage.

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Family-Life Home on an Active Medicaid Case	TD01 ENTRY RSN	Enter H.
	TD01 AID	Enter either: 10-0 Aged 60-0 Disabled
	TD01 AID CHG DT	Enter the first day of the month of approval for family-life home payment.
	TD01 MED AID	Enter the code for the coverage group.
	TD01 MED CHG DT	Enter the first day of the next system month.
	TD05 MED ENTRY RSN	Enter H.
	TD05 STATE SUPP ENTRY RSN	Enter E.
	TD05 STATE SUPP STATUS	Enter A.
	TD05 FI	Enter X. Issue a manual notice.
	TD05 STATE SUPP RSN1	Enter 000.
	TD05 STATE SUPP APP DT	Enter the date the application was received in the local office.
	TD05 STATE SUPP POS DT	Enter the first day of the month in which the client becomes eligible.
	TD05 STATE SUPP AD	Enter the code that indicates the timeliness of any approved State Supplementary Assistance application. Entry is required when entering an "A" STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Family-Life Home on an Active Medicaid Case (Cont.)	TD05 FLH AMOUNT	If a state-administered payment is necessary, enter the amount of the payment.
	TD03 ENTRY RSN	Enter H.
	TD03 OHP	Enter F.
	TD03 ST SUPP ST	Enter A.
In-Home Health-Related Care	TD01 ENTRY RSN	Enter H.
	TD01 AID	Enter either: 14-1 Aged 64-1 Disabled
	TD05 MED ENTRY RSN	Enter E.
	TD05 MED STATUS	Enter A.
	TD05 RETRO	Code TD05 RETRO for all the months you have determined the client to be eligible for retroactive medical.
	TD05 STATE SUPP POS DT	Enter the date the client became eligible for State Supplementary Assistance. Note: If medical eligibility predates the retroactive Medicaid period and was not previously recorded, submit a <i>Request for Special Update</i> , 470-0397, or enter an SSI-related Medicaid approval without pending and without entering an X in RETRO.
	TD05 MR	Enter N.
	TD05 STATE SUPP ENTRY RSN	Enter E.

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In-Home Health-Related Care (Cont.)	TD05 STATE SUPP STATUS	Enter C.
	TD05 FI	Enter X. Issue a manual notice.
	TD05 RSN 1	Enter 000.
	TD05 STATE SUPP APP DT	Enter the date the reapplication was received in the local office. If the date was entered to pend the application, recoding is not necessary.
	TD05 STATE SUPP POS DT	Enter the date the client became eligible for State Supplementary Assistance. If there is a considered person on an IHHRC case, also make entries to open the person on the TD03 as a considered individual.
	TD05 1ST CP AMT	Enter the amount.
	TD05 ONGOING CP AMT	Enter the amount.
	TD03 ENTRY RSN	Enter E.
	TD03	Complete any needed demographic information. See 14-B-Appendix, TD03 , for valid codes.
	TD03 OHP	Enter N.
	TD03 MED ST	Enter A, or enter H for the considered person.
	TD03 FUND	Enter the applicable code: 1 Adult recipient 2 Child recipient 9 Considered person

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
In-Home Health-Related Care (Cont.)	TD03 POV	Enter the percentage of the federal poverty level for the client, if required. (See 14-B-Appendix, TD03 POV , for aid types where no entry is needed in this field.)
	TD03 STATE SUPP ST	Enter C, or enter H for the considered person.
	TD03 HEALTH	Enter the applicable code for Medicare coverage.
In-Home Health-Related Care on an Active Medicaid Case	TD01 ENTRY RSN	Enter H.
	TD01 AID	Enter either: 14-1 Aged 64-1 Disabled
	TD01 AID CHG DT	Enter the first day of the month of approval for the in-home health-related care.
	TD01 MED AID	Enter the code for the coverage group.
	TD01 MED CHG DT	Enter the first day of the next system month.
	TD05 MED ENTRY RSN	Enter H.
	TD05 STATE SUPP ENTRY RSN	Enter E.
	TD05 STATE SUPP STATUS	Enter C.
	TD05 FI	Enter X. Issue a manual notice.
	TD05 STATE SUPP RSN1	Enter 000.
	TD05 STATE SUPP APP DT	Enter the date the application was received in the local office.

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In-Home Health-Related Care on an Active Medicaid Case (Cont.)	TD05 STATE SUPP POS DT	Enter the first day of the month in which the client becomes eligible. If there is a considered person, make entries to open the individual on TD03 as a considered person.
	TD05 1ST CP AMT	Enter the amount.
	TD05 ONGOING CP AMT	Enter the amount.
	TD03 ENTRY RSN	Enter H, or enter E for the considered person.
	TD03	Complete any needed demographic information. See 14-B-Appendix, TD03 , for valid codes.
	TD03 OHP	Enter N.
	TD03 MED ST	Enter H for the considered person.
	TD03 ST SUPP ST	Enter C, or enter H for the considered person.
	TD03 FUND	Enter the applicable code: 1 Adult recipient 2 Child recipient S Considered person
Residential Care Facility	TD01 RSN	Enter H.
	TD01 AID	Enter: 13-4 Aged, receives SSI 13-5 Aged, income over SSI limit 63-4 Disabled, receives SSI 63-5 Disabled, income over SSI limit

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Residential Care Facility (Cont.)	TD05 MED ENTRY RSN	Enter H if the master MED STATUS is A, B, or C. Otherwise, enter E.
	TD05 MED STATUS	If the master MED STATUS is A, B, or C, leave blank. Otherwise, enter A to approve or C to reopen.
	TD05 MED APP DT	Enter the date the application was received in the local office. If the date was entered to pend the application, recoding is not necessary. If MED ENTRY RSN was H, leave blank.
	TD05 MED POS DT	Enter the first day of the month in which the client becomes eligible. If MED ENTRY RSN was H, leave blank.
	TD05 STATE SUPP AD	Enter the code that indicates the timeliness of any approved State Supplementary Assistance application. Entry is required when entering an "A" FAC STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05 RETRO	Code TD05 RETRO for all the months you have determined the client to be eligible for retroactive medical. Note: If medical eligibility predates the retroactive Medicaid period and was not previously recorded, submit a <i>Request for Special Update</i> , 470-0397, or enter an SSI-related Medicaid approval without the pending step and without entering an X in RETRO field.
	TD05 MR	Enter N.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Residential Care Facility (Cont.)	TD05 STATE SUPP ENTRY RSN	Enter E.
	TD05 STATE SUPP ST	Enter C to reopen.
	TD05 FI	Enter X. Issue a manual notice.
	TD05 STATE SUPP RSN1	Enter 071 for reopen.
	TD05 STATE SUPP APP DT	Enter the date the reapplication was received in the local office. If the date was entered to pend the application, recoding is not necessary.
	TD05 STATE SUPP POS DT	Enter the date the client became eligible for payment for facility care.
	TD05 STATE SUPP MED CP CD	Enter the facility type code.
	TD05 VENDOR	Enter the vendor number. Vendor number is obtained from the vendor.
	TD05 1ST CP AMT	Enter the amount of client participation for the month of the STATE SUPP POS DT.
	TD05 ONGOING CP	Enter the amount of client participation for the month after the STATE SUPP POS DT.
	TD03 ENTRY RSN	Enter H if the master MED ST is A, B, or C. Otherwise, enter E.
	TD03	Complete any needed demographic information. See 14-B-Appendix, TD03 , for valid codes.
	TD03 OHP	Enter R.
	TD03 MP	Enter Y if the Medicare premium is withheld from the check. Enter N if it is not withheld.

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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Residential Care Facility (Cont.)	TD03 MED ST	If the master displays A, B, or C, make no entry. Otherwise, enter A to approve or C to reopen.
	TD03 FUND	Enter: 1 Adult 2 Child
	TD03 POV	Enter the percentage of the federal poverty level for the client, if required. (See 14-B-Appendix, TD03 POV , for aid types where no entry is needed in this field.)
	TD03 FAC ST	Enter C to reopen.
	TD03 HEALTH	Enter applicable code. Note: After client participation has updated, make entries to change to automated client participation with the facility positive date of the first month that allows automated client participation (if the restrictions on automated calculations do not apply to the case ongoing). (See FACILITY CASE ACTIONS: Changing Client Participation .) If the case is not automated, when the buy-in or some other action is done, the income on the BCW2 will be zero. Consequently, the calculation client participation is zero.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Closing the Program	TD05 MED ENTRY RSN	Enter G.
	TD05 MED STATUS	Enter N.
	TD05 STATE SUPP ENTRY RSN	Enter G.
	TD05 STATE SUPP STATUS	Enter N.
	TD05 FI	Enter a space. (Press spacebar key.)
	TD05 STATE SUPP RSN2	Enter the notice reason.
	TD05 STATE SUPP NEG DT	Enter the day after the last date the client is eligible.
Recording Death on a Dependent Person Case	<u>Step One:</u> Individual entries	
	TD03 ENTRY RSN	Enter M.
	TD03 MED/STATUS	Enter N.
	TD03 MED RSN	Enter 613.
	TD03 MED DATE	Enter date of death.
	TD03 FAC/ST/WV	Enter N.
	TD03 FAC/ST/WV/RSN	Enter 613.
	TD03 FAC/ST/WV/DATE	Enter date of death. Press the F6 function key and complete the estate recovery referral, if appropriate. <u>Step Two</u> If the deceased person was the SSA recipient, then cancel the case using the directions below. If the deceased person was the dependent person, then redetermine the SSA recipient's Medicaid eligibility and make applicable entries.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Closing Case due to Death of Recipient	TD05 MED ENTRY RSN	Use these instructions for all State Supplementary Assistance cases. Enter M.
	TD05 MED STATUS	Enter N.
	TD05 MED RSN2	Enter 613.
	TD05 MED NEG DT	Enter date of death.
	TD05 STATE SUPP ENTRY RSN	Enter M.
	TD05 STATE SUPP STATUS	Enter N.
	TD05 FI	Enter space. (Press the spacebar key.)
	TD05 STATE SUPP RSN2	Enter 613.
	TD05 STATE SUPP NEG DT	Enter date of death. Press the F6 function key and complete the estate recovery referral, if appropriate.
Closing a Supplement for Medicare and Medicaid Eligibles	RSCM	For MEPD: Enter the higher amount of resources in the RSCM field. The system will check the amount of resources. Resources over \$2,000 will cause a cancellation with timely notice.
	TD05	If an MEPD client has increased income, enter the new amount on the TD05 screen. The system checks an internally calculated poverty level based on the income entered on the TD05 screen. Cases that have an internal poverty level of 150% or higher will be canceled with timely notice.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Closing a Supplement for Medicare and Medicaid Eligibles (Cont.)	TD03 POV	<p>For aid types 13-6, 63-6, 64-5, 73-1, 73-2, 73-3, 73-4, and 73-5, enter the poverty level percentage in the POV field.</p> <p>The system will check the poverty level and cancel with timely notice the cases with poverty levels that do not meet the program requirements.</p> <p>For aid types 13-6, 63-6, 64-5, 73-1, 73-2, 73-3, 73-4, and 73-5, the poverty level must be 120% or higher to be eligible for this group.</p>
Issuing Grants for Family-Life Home Past and Current Months	<p>TD06 IMM/CAN</p> <p>TD06 AID TP</p> <p>TD06 REASON</p> <p>TD06 EFFECT DT</p> <p>TD06 # MONTHS</p> <p>TD06 AMT</p>	<p>If monthly amounts vary, enter each month's payment as a separate TD06 transaction.</p> <p>Enter Z.</p> <p>Enter the case aid type.</p> <p>Enter zeros. Send a manually prepared notice of decision.</p> <p>The effective date is the earliest month the benefits are issued for.</p> <p>Enter the total number of months for which issuances of the same amount are wanted, including current month. If entering into system after cutoff, include next calendar month.</p> <p>Enter the monthly amount.</p>

STATE SUPPLEMENTARY ASSISTANCE CASE...
Reviews

Revised June 24, 2005

Iowa Department of Human Services
Title 14 Management Information

Chapter B(9) SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Reviews	TD05 STATE SUPP ENTRY RSN	Enter H.
	TD05 STATE SUPP LAST REV	Enter the month and year of the last review.
	TD05 STATE SUPP NEXT REV	<p>The system will always generate a 12-month review. If the review must be completed earlier than 12 months after last review, you must enter the next review date.</p> <p>The system will not generate a review for cases with aid types of 73-3. Enter a tickler for an annual review and document the review in the case record. See 14-B(4) for tickler information.</p>
Changing Address for RCF	TD01 NAME ADDRESS	Enter changes.
	TD05 MED ENTRY RSN	Enter H.
	TD05 STATE SUPP ENTRY RSN	Enter H.
	TD05 FI	Enter X. Manually issue NOD.
	TD05 STATE SUPP RSN1	Enter action code 076.
	TD05 1ST CP AMT	Reenter the amount on the master.
	TD05 ONGO CP	Reenter the amount on the master.
	TD05 STATE SUPP POS DT	Enter the date of change.

SYSTEM-INITIATED ACTIONS

ACTION	EXPLANATION																								
Automatic Aid Type Changes	<p>When a person turns 65, the system converts the existing aid type to one for aged coverage. The aid type is changed in the month of the age change, for the next system month. The conversions are:</p> <table><tr><td>60-0</td><td>Converts to 10-0</td><td>64-0</td><td>Converts to 14-0</td></tr><tr><td>63-0</td><td>Converts to 13-0</td><td>64-1</td><td>Converts to 14-1</td></tr><tr><td>63-1</td><td>Converts to 13-1</td><td>64-2</td><td>Converts to 14-2</td></tr><tr><td>63-4</td><td>Converts to 13-4</td><td>64-3</td><td>Converts to 14-3</td></tr><tr><td>63-5</td><td>Converts to 13-5</td><td>64-6</td><td>Converts to 14-6</td></tr><tr><td>63-6</td><td>Converts to 13-6</td><td></td><td></td></tr></table>	60-0	Converts to 10-0	64-0	Converts to 14-0	63-0	Converts to 13-0	64-1	Converts to 14-1	63-1	Converts to 13-1	64-2	Converts to 14-2	63-4	Converts to 13-4	64-3	Converts to 14-3	63-5	Converts to 13-5	64-6	Converts to 14-6	63-6	Converts to 13-6		
60-0	Converts to 10-0	64-0	Converts to 14-0																						
63-0	Converts to 13-0	64-1	Converts to 14-1																						
63-1	Converts to 13-1	64-2	Converts to 14-2																						
63-4	Converts to 13-4	64-3	Converts to 14-3																						
63-5	Converts to 13-5	64-6	Converts to 14-6																						
63-6	Converts to 13-6																								
Automatic Changes to Cases Buy-In	<p>These actions affect only cases with ABC automated calculations.</p> <p>When the buy-in tape is received from the Social Security Administration, the system updates the premium payor field on the ABC individual file (TD03, MP) and creates the necessary calculation transactions.</p> <p>These calculations are processed in ABC daily batch processing. This process also changes the health coverage code and social security claim numbers. If no BCW2 entries were made, zero income will be used in the calculation.</p>																								
COLA Changes	Income as changed by COLAs is used in calculations. Notices are sent when eligibility or client participation is affected.																								

SYSTEM-INITIATED ACTIONS**Automatic Program Closings**

June 24, 2005

Iowa Department of Human Services

Title 14 Management Information**Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	EXPLANATION
<p>Automatic Program Closings</p> <p>Automatic Redetermination</p> <p>COLA Changes</p>	<p>After two months in the automatic redetermination aid type, the system closes Medicaid on the case.</p> <p>When the cost-of-living adjustments occur, the revised social security or SSI is added to other income on cases with ABC automated calculations for COLA. If this results in ineligibility due to excess income, the program is closed automatically and a notice is sent. If this results in decreased benefits, the change is made and a notice sent.</p>
<p>Participation in More than One Case (Illegal People)</p>	<p>The system identifies individuals by looking in the state ID record to determine the person's current status by program. Food Assistance is not allowed with any facility aid except RCF.</p> <p>When the system finds this condition, it sends a message to the worker on the Worker Action Report and ceases processing.</p>



THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

April 25, 2000

GENERAL LETTER NO. 14-B(9)-5

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B(9), *SSI-Related Medicaid and Facility Case Actions*, Title Page, revised; Contents (pages 1 through 4), revised; Contents (pages 5 and 6), new; pages 1 through 95, revised; and pages 96 through 180, new.

Summary

The chapter has been revised and updated to reflect delinking changes and various policy and system programming changes. The chapter has been restructured into the following sections:

- ◆ Worker-initiated actions that apply to all cases.
- ◆ Facility case actions.
- ◆ Home- and community-based waiver case actions.
- ◆ Medicaid case actions.
- ◆ State Supplementary Assistance case actions.
- ◆ System-initiated case actions.

Some additions to case actions include:

- ◆ Physical disability waiver.
- ◆ Expanded specified low-income Medicare beneficiary (E-SLMB).
- ◆ Home-health specified low-income Medicare beneficiary (HH-SLMB).
- ◆ State Supplementary Assistance for dependent person.
- ◆ State Supplementary Assistance for in-home health care.

Effective Date

Upon receipt.

Material Superseded

Remove the entire Chapter B(9) from Employees' Manual, Title 14, and destroy it. This includes:

<u>Page</u>	<u>Date</u>
Title Page	October 12, 1993
Contents (page 1)	January 7, 1997
Contents (page 2)	January 19, 1999
Contents (pages 3 and 4)	January 7, 1997
1-6	October 12, 1993
7, 8	January 7, 1997
9-21	October 12, 1993
22, 23	January 7, 1997
24	October 12, 1993
25	January 7, 1997
26-29	October 12, 1993
30	January 7, 1997
31-56	October 12, 1993
57, 58	January 19, 1999
59, 60	October 12, 1993
61, 62	January 19, 1999
63-65	October 12, 1993
66	February 11, 1997
67	January 7, 1997
68, 68a	February 11, 1997
68b	January 7, 1997
68c, 69	February 11, 1997
70, 71	January 7, 1997
72-83	October 12, 1993
84	January 7, 1997
85-89	October 12, 1993
90	January 7, 1997
91-95	October 12, 1993

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

April 10, 2001

GENERAL LETTER NO. 14-B(9)-6

ISSUED BY: Office of Policy Analysis, Division of Policy and Rule Integration

SUBJECT: Employees' Manual, Title 14, Chapter B(9), ***SSI-RELATED MEDICAID AND FACILITY CASE ACTIONS***, Contents (pages 3 through 6), revised; Contents (page 7), new; pages 2, 3, 20, 22, 33, 45, 49, 50, 51, 54, 55, 63 through 68, 73, 83, 84, 86, 92, 97 through 103, 137, 139, 144, and 179, revised; pages 92a through 92d, 102a, and 102b; new.

Summary

The chapter is revised to:

- ◆ Add Medicaid case actions and instructions for the Medicaid for employed people with disabilities (MEPD) program.
- ◆ Include entry of third-party payment for client participation.
- ◆ Generalize the reason code entry for closing a facility program when a client leaves.
- ◆ On page 22, show that an entry is needed in the WVR field when pending a case that has a facility or waiver case aid type.
- ◆ On pages 33, 45, 50, 54, 55, 64, 65, 83, 84, and 144, reference 14-B-Appendix for codes entered in the FAC RSN1 field and clarify that zeros should not be used to block a notice on facility or waiver case aid types. Use of zeros can cause errors in updating the subsystem.
- ◆ On pages 49, 50, and 51, show that an "H " entry reason is used when the facility negative date does not need timely notice.
- ◆ On pages 137 and 139, show that entries are needed to the 1ST CP AMT and ONGOING CP fields for family-life home cases.

Effective Date

Upon receipt.

Material Superseded

Remove from Employees' Manual, Title 14, Chapter B(9), Contents (pages 3 through 6), dated April 25, 2000; and pages 2, 3, 20, 22, 33, 45, 49, 50, 51, 54, 55, 63 through 68, 73, 83, 84, 86, 92, 97 through 103, 137, 139, 144, and 179, all dated April 25, 2000, and destroy them.

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

June 5, 2001

GENERAL LETTER NO. 14-B(9)-7

ISSUED BY: Office of Policy Analysis, Division of Policy and Rule Integration

SUBJECT: Employees' Manual, Title 14, Chapter B(9), *SSI-RELATED MEDICAID AND FACILITY CASE ACTIONS*, Contents (pages 1, 5 and 6), revised; pages 1, 6, 7, 8, 22, 23, 24, 31, 36, 37, 38, 70, 71, 72, 74, 81, 85, 86, 87, 90, 92a, 92b, 114, 115, 116, 123, 124, 132, 133, 135, 136, 138, 139, 143, 145, and 146, revised; and pages 24a, 116a, and 116b, new.

Summary

Material is revised to reflect system changes to the Automated Benefit Calculation system required for TANF data reporting effective May 29, 2001. Revisions are:

- ◆ Addition of a case name identification field, CNID, on the TD01 screen and the instructions for its use.
- ◆ Addition of new fields CIT and H W B A I N on the TD03 screen and instructions for their use.
- ◆ Removal of the field ETH from the TD03 screen. Ethnic data is incorporated into H W B A I N fields.
- ◆ Addition of instructions for newborn children of Medicaid-eligible mothers, on page 114.
- ◆ Additions and corrections to references.

Effective Date

May 29, 2001

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(9), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	April 25, 2000
Contents (pages 5 and 6)	April 10, 2001
1, 6, 7, 8	April 25, 2000
22	April 10, 2001
23, 24, 31, 36-38, 70-72, 74, 81, 85	April 25, 2000

86	April 10, 2001
87, 90	April 25, 2000
92a, 92b	April 10, 2001
114-116, 123, 124, 132, 133, 135, 136, 138	April 25, 2000
139	April 10, 2001
143, 145, and 146	April 25, 2000

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

October 2, 2001

GENERAL LETTER NO. 14-B(9)-8

ISSUED BY: Office of Policy Analysis, Division of Policy and Rule Integration

SUBJECT: Employees' Manual, Title 14, Chapter B(9), *SSI-RELATED MEDICAID AND FACILITY CASE ACTIONS*, Contents (pages 4 and 5), revised; pages 52, 56, 64, 86, 92, 92a, 92b, 92c, 96, 97, 98, 115, 126, 130, 141, 143, 155, 156, 161, and 173, revised; and page 64a, new.

Summary

This chapter is revised to:

- ◆ Change the "considered person" FUND code for State Supplementary Assistance in-home health-related care. The correct FUND code is "S."
- ◆ Change the instructions for "Changing Client Participation" to note the action necessary when a later positive or negative date is on the facility system.
- ◆ Change the instructions for "Changing Level of Care" to remove the reference to "Changes of Level of Care in the Same Facility."
- ◆ Correct cross-references.
- ◆ Change the instructions for "Move: Same Day" to note the action necessary when a later positive or negative date is on the facility system.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(9), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (p. 4)	April 10, 2001
Contents (p. 5)	June 5, 2001
52, 56	April 25, 2000
64	April 10, 2001
86	June 5, 2001

92	April 10, 2001
92a, 92b	June 5, 2001
92c	April 10, 2001
96	April 25, 2000
97, 98	April 10, 2001
115	June 5, 2001
126, 130, 141	April 25, 2000
143	June 5, 2001
155, 156, 161, 173	April 25, 2000

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

July 23, 2002

GENERAL LETTER NO. 14-B(9)-9

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B(9), *SSI-RELATED MEDICAID AND FACILITY CASE ACTIONS*, Contents (pages 1, 5, and 6), revised; pages 3 through 6, 9, 19 through 24, 31, 32, 36, 52, 64, 70, 72, 74, 75, 77, 81, 83 through 86, 90, 97, 98, 102, 103, 104, 116, 116a, 123, 132 through 136, 139, 143, 145, 146, and 179, revised; and pages 98a and 136a, new.

Summary

This chapter is revised to:

- ◆ Add reference for the new TD00 menu option, MEPC=MEPD Premium Change.
- ◆ Remove the section on AID Type Choice and the cross-references from the chapter.
- ◆ Change references for the Department's organizational areas and names to match the restructuring.
- ◆ Change instructions for the Medicaid for employed people with disabilities (MEPD) to match system changes based on the new MEPC=MEPD Premium Change system.
- ◆ Change instructions for home- and community-based waivers to reflect system changes.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(9), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	June 5, 2001
Contents (page 5)	October 2, 2001
Contents (page 6)	June 5, 2001
3	April 10, 2001
4, 5	April 25, 2000
6	June 5, 2001

9, 19	April 25, 2000
20	April 10, 2001
21	April 25, 2000
22, 23, 24, 31	June 5, 2001
32	April 25, 2000
36	June 5, 2001
52, 64, 64a	October 2, 2001
70, 72, 74	June 5, 2001
75, 77	April 25, 2000
81	June 5, 2001
83, 84	April 10, 2001
85	June 5, 2001
86	October 2, 2001
90	June 5, 2001
97	October 2, 2001
98, 102, 103	April 10, 2001
104	April 25, 2000
116, 116a, 123, 132, 133	June 5, 2001
134	April 25, 2000
135, 136, 139	June 5, 2001
143	October 2, 2001
145, 146	June 5, 2001
179	April 10, 2001

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

September 24, 2002

GENERAL LETTER NO. 14-B(9)-10

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B(9), *SSI-RELATED MEDICAID AND FACILITY CASE ACTIONS*, page 20, revised.

Summary

This chapter is revised to clarify the instructions for transferring cases to county offices that are open less than full-time.

Effective Date

Upon receipt.

Material Superseded

Remove the page 20, dated July 23, 2002, from Employees' Manual, Title 14, Chapter B(9), and destroy it:

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

February 25, 2003

GENERAL LETTER NO. 14-B(9)-11

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B(9), *SSI-RELATED MEDICAID AND FACILITY CASE ACTIONS*, Contents (page 1), revised; and pages 21 through 24, 31, 36, 70, 71, 74, 81, 82, 85, 86, 90, 92, 92a through 92d, 116, 116a, 123, 132, 136a, 139, 143, and 146, revised.

Summary

This chapter is revised to:

- ◆ Change the instructions for the TD01 CO RES field to indicate that worker entry is required. The system no longer defaults to the county of the worker number if no entry is made.
- ◆ Remove the incorrect note from the case actions, "Reviews," about "73-3" aid types not generating a review due date.
- ◆ Change instructions for the Medicaid for employed people with disabilities (MEPD) to note that only one person is to be on a case for MEPD. If the household consists of more than one recipient, create a separate case number for each individual to ensure that the case is handled correctly in the MEPD billing system.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(9), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (p. 1)	July 23, 2002
21-24, 31, 36, 70	July 23, 2002
71	July 5, 2001
74, 81	July 23, 2002
82	April 25, 2000
85, 86, 90	July 23, 2002

92, 92a, 92b, 92c, 92d

October 2, 2001

116, 116a, 123, 132, 136a, 139, 143, 146

July 23, 2002

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

May 20, 2003

GENERAL LETTER NO. 14-B(9)-12

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B(9), ***SSI-RELATED MEDICAID AND FACILITY CASE ACTIONS***, Contents (pages 1, 2 and 5), revised; and pages 11, 12, 13, 14, 22, 23, 26, 27, 33 through 39, 44, 57, 64, 71, 72, 81, 82, 92c, 92d, 106, 109, 110, and 111, revised; and page 72a, new.

Summary

This chapter is revised to:

- ◆ Add the case actions on "Failure to Cooperate With HIPP" to the section "ALL CASES WORKER-INITIATED ACTIONS" and correct an error on the Table of Contents.
- ◆ Add the new PF06 = HIPP REF function key to the TD03 screen. This allows the worker to make an automated referral to the HIPP Referral (HIRF) system.
- ◆ Add language to require entry of the county responsible for the state's share of medical costs when the client is in in ICF/MR or the MR or BI waiver.
- ◆ Correct "Bureau of Health Care Purchasing and Quality Assurance" to "Office of Field Support" and to clarify the correct reason code to be used when entering a vendor number due to change of ownership.
- ◆ Add that the VA aid and attendance code is "D."
- ◆ Clarify that notice reason code "000" can be entered in RSN2 field when denying facility or waiver when the worker issued a manual notice.
- ◆ Remove references and sections on the home-health specified low-income Medicare beneficiary group (HH-SLMB). The federally funded program was terminated effective December 31, 2002.
- ◆ Add an omitted screen field and instructions under "Denying an Application for Home- and Community-Based Waiver."

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(9), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	February 25, 2003
Contents (page 2)	April 25, 2000
Contents (page 5)	July 23, 2002
11-14	April 25, 2000
22, 23	February 25, 2003
26, 27	April 25, 2000
33	April 10, 2001
34, 35	April 25, 2000
36	February 25, 2003
37, 38	June 5, 2001
39, 44, 57	April 25, 2000
64	July 23, 2002
71	February 25, 2003
72	July 23, 2002
81, 82, 92c, 92d	February 25, 2003
106, 109-112	April 25, 2002

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

July 8, 2003

GENERAL LETTER NO. 14-B(9)-13

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B(9), *SSI-RELATED MEDICAID AND FACILITY CASE ACTIONS*, pages 51, 77, and 177, revised.

Summary

Pages 51 and 177 are revised to correct the instructions to entries in the NEG DT field on facility and waiver cases. Facilities are not paid for the last day so workers need to enter the day following the last day the facility should receive payment.

Page 77 is revised to indicate that although medical entries will roll from the TD05 screen to the TD03 screens, the waiver status entry on the TD05 screen does not roll to the TD03 screens. TD03 entries are needed on waiver aid type cases even when the case was pended prior to approval.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(9), and destroy them:

<u>Page</u>	<u>Date</u>
51	April 10, 2001
77	July 23, 2002
177	April 25, 2000

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

March 16, 2004

GENERAL LETTER NO. 14-B(9)-14

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B(9), *SSI-RELATED MEDICAID AND FACILITY CASE ACTIONS*, Contents (page 5), revised; and pages 5, 9, 10, 24 through 33, 37 through 40, 44, 45, 46, 52 through 58, 82, 92d, 93 through 98, 98a, 99, 124, 140, 142, 155, 167, 171, 172, and 173, revised; page 98b, new.

Summary

This chapter is revised to:

- ◆ Change the "Food Stamps" references to "Food Assistance."
- ◆ Update the information contained in the note under the section, "FACILITY CASE ACTIONS: Approving an Application," to reflect the current system.
- ◆ Add sections on denying and canceling Medicaid when SSA determines the person is not disabled.
- ◆ Changing organizational names to match the Department's current structure.
- ◆ Update the instructions under the section, "MEDICAID CASE ACTIONS: Prior Eligibility Only (No Ongoing Eligibility)."
- ◆ Change the MED ENTRY RSN code under the section, "Change to MEPD Premium," from "G" or "H," to "R."

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(9), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 5)	May 20, 2003
5, 9	July 23, 2002
10	April 25, 2000

24	February 25, 2003
24a	June 5, 2001
25	April 25, 2000
26, 27	May 20, 2003
28-30	April 25, 2000
31	February 25, 2003
32	July 23, 2002
33, 37	May 20, 2003
38-40	April 25, 2000
44	May 20, 2003
45	April 10, 2001
46, 52	July 23, 2002
53	April 25, 2000
54, 55	April 10, 2001
56	October 2, 2001
57	May 20, 2003
58	April 25, 2000
82, 92d	May 20, 2003
93-95	April 25, 2000
96	October 2, 2001
97, 98, 98a	July 23, 2002
99	April 10, 2001
124	June 5, 2001
140, 142	April 25, 2000
155	October 2, 2001
167, 171, 172	April 25, 2000
173	October 2, 2001

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

April 13, 2004

GENERAL LETTER NO. 14-B(9)-15

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B(9), *SSI-RELATED MEDICAID AND FACILITY CASE ACTIONS*, page 93, revised.

Summary

This chapter is revised to correct the screen fields used under the section for the Medicaid case actions on denying an application due to a Social Security Administration decision denying disability.

Effective Date

Immediately.

Material Superseded

Remove from Employees' Manual, Title 14, Chapter B(9), page 93, dated March 16, 2004, and destroy it.

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

May 25, 2004

GENERAL LETTER NO. 14-B(9)-16

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B(9), *SSI-RELATED MEDICAID AND FACILITY CASE ACTIONS*, pages 3, 9, 24, 38, 70, and 74, revised.

Summary

This chapter is revised to:

- ◆ Change instructions for home- and community-based waivers to allow for a waiver case and an RCF case to be opened at the same time. This change is effective May 1, 2004.
- ◆ Remove the instructions to wait two to three working days after closing a facility case before opening the waiver case. Actions entered in ABC system are passed to the facility and waiver systems on the following day.
- ◆ Correct cross-references.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(9), and destroy them:

<u>Page</u>	<u>Date</u>
3	July 23, 2002
9, 24, 38	March 16, 2004
70, 74	February 23, 2003

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

November 5, 2004

GENERAL LETTER NO. 14-B(9)-17

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B(9), ***SSI-RELATED MEDICAID CASE ACTIONS***, Contents (pages 1 through 7), revised; and pages 14, 19, 20, 21, 23, 24, 31, 37, 38, 44, 49, 55, 56, 57, 58, 63, 72a, 73, 74, 86, 92c, 95, 96, 98b, 115, and 177 through 180, revised; and pages 14a, 20a, 20b, 20c, 58a, 58b, 86a, and 181, new.

Summary

This chapter is revised to:

- ◆ Change instructions for "Canceling Individuals."
- ◆ Add a new section, "Excluded Persons."
- ◆ Add a new section, "Sanctions," that includes the following changed or new subsections:
 - "Add Sanction on a Case"
 - "Failure to Comply with Third Party Liability"
 - "Failure to Cooperate with HIPP"
 - "Failure to Cooperate with Child Support"
 - "Failure to Cooperate with Investigations"
 - "Failure to Cooperate with Quality Control"
- ◆ Change instructions for pending a case.
- ◆ Change instructions for newborn children of Medicaid-eligible mothers.
- ◆ Removal of references to the SSRD screen.
- ◆ Add instructions for the implementation of the Individualize Services Information System for facilities (ISIS).
- ◆ Add a new section, "Supplement for Medicare and Medicaid Eligibles," under "Closing State Supplementary Assistance."

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(9), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (pp. 1 and 2)	May 20, 2003
Contents (p. 3)	April 10, 2001
Contents (p. 4)	October 2, 2001
Contents (p. 5)	March 16, 2004
Contents (p. 6)	July 23, 2002
Contents (p. 7)	April 10, 2001
14	May 20, 2003
19	July 23, 2002
20	September 24, 2003
21	February 25, 2003
23	May 20, 2003
24	May 25, 2004
31, 37	March 16, 2004
38	May 25, 2004
44	March 16, 2004
49	April 10, 2001
55-58	March 16, 2004
63	April 10, 2001
72a	May 20, 2003
73	April 10, 2001
74	May 25, 2004
86	February 25, 2003
92c	May 20, 2003
95	March 15, 2004
96, 98b	March 16, 2004
115	October 2, 2001
177	July 8, 2003
178	April 25, 2000
179	July 23, 2002
180	April 25, 2000

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

January 14, 2005

GENERAL LETTER NO. 14-B(9)-18

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B(9), *SSI-RELATED MEDICAID AND FACILITY CASE ACTIONS*, pages 53, 92c, 92d, 102, 102a, 102b, 103, 104, and 115, revised.

Summary

This chapter is revised to:

- ◆ Remove a note from TD05 FAC POS DT field under the facility case actions section, **Changing Client Participation: Automated.**
- ◆ Add screen fields RSCM BENEFIT MONTH and RSCM CASH ON HAND and language for the case actions relating to Medicaid for employed people with disabilities under:
 - **Approving an Application.**
 - **Reinstatement.**
 - **Reopening Medicaid: Reopening Due to Payment of MEPD Premium.**
- ◆ Correct a cross-reference.
- ◆ Change language under the case actions relating to newborn children of Medicaid-eligible mothers and add a cross-reference to 14-B(7), **Newborn Children of Medicaid-Eligible Mothers.**

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(9), and destroy them:

<u>Page</u>	<u>Date</u>
53	March 16, 2004
92c	May 20, 2003
92d	March 16, 2004

102	July 23, 2002
102 a, 102b	April 10, 2001
103, 104	July 23, 2002
115	November 5, 2004

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

February 4, 2005

GENERAL LETTER NO. 14-B(9)-19

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B(9), *SSI-RELATED MEDICAID AND FACILITY CASE ACTIONS*, Contents (page 3), revised; and pages 54 and 55, revised.

Summary

This chapter is revised to correct the placement of an action for changing client participation manually.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(9), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 3)	November 5, 2004
54	March 16, 2004
55	November 5, 2004

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

March 18, 2005

GENERAL LETTER NO. 14-B(9)-20

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B(9), ***SSI-RELATED MEDICAID AND FACILITY CASE ACTIONS***, Contents (pages 1 through 6), revised; pages 5 through 9, 15, 70, and 73, revised.

Summary

This chapter is revised to:

- ◆ Add language to indicate not to pend or approve HCBS waiver services on a Food Assistance case. Separate case numbers are now required.
- ◆ Correct the instructions for approval of medical transportation.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(9), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (pp. 1 and 2)	November 5, 2004
Contents (p. 3)	February 4, 2005
Contents (pp. 4-7)	November 5, 2004
5	March 16, 2004
6	July 23, 2002
7,8	June 5, 2001
9	May 25, 2004
10	March 16, 2004
15	April 25, 2002
70	May 25, 2004
73	November 5, 2004

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

April 29, 2005

GENERAL LETTER NO. 14-B(9)-21

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B(9), ***SSI-RELATED MEDICAID AND FACILITY CASE ACTIONS***, Contents (pages 5 and 6), revised; pages 1, 3, 20b, 20c, 31, 44, 56, 58, 58a, 58b, 70, 74, 86, 132 through 136, 136a, 164, and 165, revised; and pages 136b through 136f, new.

Summary

This chapter is revised to:

- ◆ Add language to the section, "Other Resources Available," to reflect the Internet access to Vehicle Registration & Titling (VRT) screens.
- ◆ Add the new religious beliefs (RB) indicator field and instructions to screens TD03 and ST01. The RB field is to be entered when a person's social security number is all zeros.
- ◆ Change the language to match other case action chapters for the section, "State ID Numbers."
- ◆ Change the name of form 470-3924, *Request for Medicaid Eligibility Data Changes and Verification*, to *Request for ISIS Changes*.
- ◆ Remove language under home- and community-based waiver case actions that advised waiting until a day after closing a medical facility before opening a waiver case. With ISIS, a delay is no longer required.
- ◆ Add a new section, "Residential Case Facility" under "Approving an Application: Automated."
- ◆ Add language to the section, "Approving an Application: Dependent Person."
- ◆ Add specific instructions for the recipient and for the dependent under the section, "Approving an Application: Dependent Person on an Active Medicaid Case."

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(9), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (pages 5 and 6)	March 18, 2005
1	June 5, 2001
3	May 25, 2004
20b, 20c, 31, 44, 56, 58, 58a, 58b	November 5, 2004
70	March 18, 2005
74, 86	November 5, 2004
132	February 25, 2003
133-136	July 23, 2002
136a	February 25, 2003
164, 165	April 25, 2000

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

June 24, 2005

GENERAL LETTER NO. 14-B(9)-22

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B(9), ***SSI-RELATED MEDICAID AND FACILITY CASE ACTIONS***, Contents (pages 3, 5 and 6) revised; pages 52, 74, 83, 84, 99, and 177 through 181, revised; and pages 52a, 84a, and 182, new.

Summary

This chapter is revised to:

- ◆ Change the language for instructions under the following sections:
 - "FACILITY CASE ACTIONS: Closing a Program: Death"
 - "HOME-AND COMMUNITY-BASED WAIVER: Closing Waiver: Death"
 - "MEDICAID CASE ACTIONS: Canceling Ongoing Eligibility: Due to Death"
- ◆ Add the following new subsections under the section, "STATE SUPPLEMENTARY ASSISTANCE CASE ACTIONS: Closing the Program."
 - "Recording Death on a Dependent Person Case"
 - "Closing Case due to Death of Recipient"
 - "Closing a Supplement for Medicare and Medicaid Eligibles"
- ◆ Lower the income limit for the Supplement for Medicare and Medicaid Eligibles from 135% of the federal poverty level to 120%.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(9), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 3)	March 18, 2005
Contents (pages 5 and 6)	April 29, 2005
52	March 16, 2004
74	April 29, 2005
83, 84	July 23, 2002
99	March 16, 2004
177-181	November 5, 2004

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

December 30, 2005

GENERAL LETTER NO. 14-B(9)-23

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B(9), *SSI-RELATED MEDICAID AND FACILITY CASE ACTIONS*, Contents (page 4), revised; and pages 72a, 78, 98b, 141, and 142, revised.

Summary

This chapter is revised to:

- ◆ Add the Children's Mental Health Waiver as a section under "HOME-AND COMMUNITY-BASED WAIVER CASE ACTIONS."
- ◆ Add fields and instructions to the "Approving an Application: In-Home Health-Related Care."
- ◆ Remove a note that is no longer valid under the section, "MEDICAID CASE ACTIONS: Canceling Ongoing Eligibility: Program."

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(9), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 4)	March 18, 2005
72a	November 5, 2004
78	April 25, 2000
98b	November 5, 2004
141	October 2, 2001
142	March 16, 2004

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

February 17, 2006

GENERAL LETTER NO. 14-B(9)-24

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B(9), *SSI-RELATED MEDICAID AND FACILITY CASE ACTIONS*, Contents (page 2), revised; pages 1, 2, 17, 18, 38, 75, 77, 78, 83, 84, 84a, and 103, revised; page 18a, new.

Summary

This chapter is revised to:

- ◆ Add the new TD03 DSTR field to the list of demographic information.
- ◆ Add specific screen fields and instructions for MEPD cases under the section, "Medical Transportation: Denial."
- ◆ Correct the TD03 WVR application code for physical disabilities from "D" to the correct code of "P."
- ◆ Change fields and instructions under the section, "HOME- AND COMMUNITY-BASED WAIVER CASE ACTIONS: Closing Waiver."
- ◆ Add a field and instructions under the section, "MEDICAID CASE ACTIONS: Reopening Medicaid: Reopening Due to Payment of MEPD Premium."

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(9), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 2)	March 18, 2005
1	April 29, 2005
2	April 10, 2001
17, 18	April 25, 2000

38	November 5, 2004
75	July 23, 2002
77	July 8, 2003
78	December 30, 2005
83, 84, 84a	June 24, 2005
103	January 14, 2005

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

March 31, 2006

GENERAL LETTER NO. 14-B(9)-25

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B(9), *SSI-RELATED MEDICAID AND FACILITY CASE ACTIONS*, pages 1, 125 through 132, 157, 158, 163, and 164, revised.

Summary

This chapter is revised to:

- ◆ Change names of some fields on TD03 to reflect the current system.
- ◆ Add language under the "In-Home Health-Related Care" sections of State Supplementary Assistance case actions to indicate that the worker should not enter the home maintenance allowance, since the system automatically subtracts this allowance from the income.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(9), and destroy them:

<u>Page</u>	<u>Date</u>
1	February 17, 2006
125	April 25, 2000
126	October 2, 2001
127-129	April 25, 2000
130	October 2, 2001
131	April 25, 2000
132	April 29, 2005
157, 158, 163	April 25, 2000
164	April 29, 2005

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

April 21, 2006

GENERAL LETTER NO. 14-B(9)-26

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B(9), *SSI-RELATED MEDICAID AND FACILITY CASE ACTIONS*, pages 5 and 6, revised.

Summary

This chapter is revised to change the language in the section, "Case Numbering." Effective February 23, 2006, the ABC system no longer deletes case numbers that have been canceled or denied for all programs for two years.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(9), and destroy them:

<u>Page</u>	<u>Date</u>
5, 6	March 18, 2005

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

August 18, 2006

GENERAL LETTER NO. 14-B(9)-27

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B(9), ***SSI-RELATED MEDICAID AND FACILITY CASE ACTIONS***, Contents (pages 1, 2, 3, and 5), revised; pages 1, 2, 5 through 8, 24, 26, 27, 28, 33 through 41, 46, 47, 48, 64, 72, 77, 78, 79, 81, 85, 87, 88, 91, 92d, 95, 96, 98b, 102a, 102b, 105 through 121, 125, 126, 128, 129, 130, 134, 136c through 136f, 137 through 143, 145, 146, 149, 150, 151, 159, 161, 164 through 169, 171, 172, 173, 175, and 176, revised; and page 64a, new.

Summary

This chapter is revised to:

- ◆ Add a new section, "Assigning Medicaid Review Due Dates." With the automation now complete for the form 470-3118, *Medicaid Review*, instructions are being added on both when the system generates the form and on how to request an "on-demand" form.
- ◆ Add a new section, "Issuing Additional Personal Needs Allowance."
- ◆ Add the new US and ID fields, to the list of demographic information that may need to be checked for making entries on the TD03 screen. These fields are used to indicate that citizenship and identity have been verified.
- ◆ Change language under the section, "Case Numbering," to indicate that an FBU of 17 is not to be used. The FBU of 17 is to be used for the Medicaid for Independent Young Adults (MIYA) cases.
- ◆ Add language and the TD05 FLH field to the appropriate case actions sections. This addition is for cases in aid types of 131 and 631 and is used to entry additional personal needs allowance for clients with income of less than \$50 per month.
- ◆ Change field names and locations to reflect the current system throughout the entire chapter.
- ◆ Add the screen field TD05 HH SIZE to the section, "Reviews for MEPD Six-Month Premium Period and Annual Review."

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(9), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	March 18, 2005
Contents (page 2)	February 17, 2006
Contents (pages 3 and 5)	June 24, 2005
1	March 31, 2006
2	February 17, 2006
5	April 21, 2006
6	July 23, 2002
7	April 21, 2006
8	March 18, 2005
24	November 5, 2004
26-28, 33	March 16, 2004
34, 35, 36	May 20, 2003
37	November 5, 2004
38	February 17, 2006
39, 40	March 16, 2004
41	April 25, 2000
46	March 16, 2004
47, 48	April 25, 2000
64, 72	May 20, 2003
77, 78	February 17, 2006
79	April 25, 2000
81	May 20, 2003
85	February 25, 2003
87	June 5, 2001
88, 91	April 25, 2000
92d	January 14, 2005
95, 96	November 5, 2004
98b	December 30, 2005
102a, 102b	January 14, 2005
105	April 25, 2000
106	May 20, 2003
107, 108	April 25, 2000
109-111	May 20, 2003
113	April 25, 2000
114	June 5, 2001
115	January 14, 2005
116, 116a	February 25, 2003
116b	June 5, 2001
117-121	April 25, 2000
125, 126, 128, 129	March 31, 2006

130	March 31, 2006
134, 136c-136f	April 29, 2005
137	April 10, 2001
138	June 5, 2001
139	February 25, 2003
140	March 16, 2004
141, 142	December 30, 2005
143	February 25, 2003
145	July 23, 2002
146	February 25, 2003
149-151, 159	April 25, 2000
161	October 2, 2001
164	March 31, 2006
165	April 29, 2005
166	April 25, 2000
167	March 16, 2004
168, 169	April 25, 2000
171-173	March 16, 2004
175, 176	April 25, 2000

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

September 29, 2006

GENERAL LETTER NO. 14-B(9)-28

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B(9), *SSI-RELATED MEDICAID AND FACILITY CASE ACTIONS*, pages 2, 3, and 64, revised.

Summary

This chapter is revised to:

- ◆ Remove the reference to the State Child Care Assistance system through the option SCCA=CCA under the section, "Other Resources Available." This option is no longer available due to system changes.
- ◆ Remove the reference to the Department of Transportation's vehicle registration records by the option of AUTO = Motor Vehicle Resources under the section, "Other Resources Available." This option is no longer available due to system changes.
- ◆ Remove a field and instructions under the section, "FACILITY CASE ACTIONS: Issuing Additional Personal Needs Allowance for Past and Current Month."

Effective Date

Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(9), and destroy them:

<u>Page</u>	<u>Date</u>
2	August 18, 2006
3	April 29, 2005
64	August 18, 2006

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

February 23, 2007

GENERAL LETTER NO. 14-B(9)-30

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B(9), *SSI-RELATED MEDICAID AND FACILITY CASE ACTIONS*, Contents (page 5), revised; pages 2, 3, 52a, 92, 92d, 93, 97, 98, 98a, and 98b, revised.

Summary

This chapter is revised to:

- ◆ Remove the reference to the state warrant system and the option "WRNT=Warrant." Effective January 1, 2007, this option is no longer available.
- ◆ Change language and add a field to clarify the section, "MEDICAID CASE ACTIONS: Approving an Application: Medicaid for Employed People with Disabilities (MEPD)."
- ◆ Change language under the section, "MEDICAID CASE ACTIONS: Change to MEPD Premium."
- ◆ Update instructions relating to the Field Operations Support Unit.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(9), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 5)	August 18, 2006
2, 3	September 29, 2006
52a	June 24, 2005
92	February 25, 2003
92d	December 22, 2006
93	April 13, 2004
97, 98, 98a	March 16, 2004
98b	June 24, 2005

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

April 6, 2007

GENERAL LETTER NO. 14-B(9)-31

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B(9), *SSI-RELATED MEDICAID AND FACILITY CASE ACTIONS*, pages 16, 17, and 77, revised.

Summary

This chapter is revised to:

- ◆ Add the TD06 FED ADT field and instructions to the section, "Medical Transportation: Approval."
- ◆ Change the instructions for the TD03 ENTRY RSN field under the section, "HOME-AND COMMUNITY -BASED WAIVER CASE ACTIONS: Approving or Reopening an Application."

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(9), and destroy them:

<u>Page</u>	<u>Date</u>
16	April 25, 2000
17	February 17, 2006
77	December 22, 2006

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

May 25, 2007

GENERAL LETTER NO. 14-B(9)-32

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Employees' Manual, Title 14, Chapter B(9), *SSI-RELATED MEDICAID AND FACILITY CASE ACTIONS*, pages 26, 31, 43, 44, 59, 60, and 64a, revised.

Summary

This chapter is revised to add cross-references under the TD05 VENDOR field instructions to the new INPI screen in Title 14, Chapter B(4), "INPI Screen."

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(9), and destroy them:

<u>Page</u>	<u>Date</u>
26, 31, 43, 44	December 22, 2006
59, 60	April 25, 2000
64a	August 18, 2006

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

September 14, 2007

GENERAL LETTER NO. 14-B(9)-33

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Employees' Manual, Title 14, Chapter B(9), *SSI-RELATED MEDICAID AND FACILITY CASE ACTIONS*, Contents (page 3), revised; and pages 30, 38, 43, 44, 52, 75, 92d, and 93, revised.

Summary

This chapter is revised to:

- ◆ Add language to the field instructions in the section, "Approving an Application: Automated."
- ◆ Remove references to MMIS. IM workers no longer have access to the MMIS system.
- ◆ Add language to the TD03 POV field instructions under the section, "Medicaid for Employed People with Disabilities (MEPD)."

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(9), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (p. 3)	August 18, 2006
30	December 22, 2006
38	August 18, 2006
43, 44	May 25, 2007
52	June 24, 2005
52a	February 23, 2007
75	February 17, 2006
92d, 93	February 23, 2007

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

November 9, 2007

GENERAL LETTER NO. 14-B(9)-34

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Employees' Manual, Title 14, Chapter B(9), *SSI-RELATED MEDICAID AND FACILITY CASE ACTIONS*, Contents (page 5), revised; and pages 5, 6, 52, 98b, 125, and 141, revised.

Summary

This chapter is revised to:

- ◆ Remove the note relating to six-month reviews for MEPD from the section, "Assigning Medicaid Review Due Dates."
- ◆ Remove the incorrect fields and instructions under the facility case actions section, "Closing a Program: Death."
- ◆ Rename the section "Reviews for MEPD Six-Month Premium Period and Annual Review" as "MEPD Annual Review." The change reflects the MEPD policy change going from six-month reviews to an annual review. References to a six-month review for MEPD have been changed to annual reviews.
- ◆ Change language under the State Supplementary Assistance case actions section, "Approving an Application: In-Home Health-Related Care," for clarification.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(9), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 5)	February 23, 2007
5, 6	December 22, 2006
52	September 14, 2007

98b	February 23, 2007
125	December 22, 2006
141	August 18, 2006

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

February 8, 2008

GENERAL LETTER NO. 14-B(9)-35

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Employees' Manual, Title 14, Chapter B(9), ***SSI-RELATED MEDICAID AND FACILITY CASE ACTIONS***, Contents (pages 1, 4, 5, and 6), revised; and pages 17, 24 through 28, 31 through 34, 38, 44, 45, 46, 75, 76, 77, 86a, 87, 92b, 92c, 92d, 93 through 98, 98a, 98b, 104, 105, 107 through 112, 115, 116, 120, 121, 122, 124, 125, 129, 130, 133, 134, 134a, 136b through 136f, 137 through 148, 152, 152a, and 164 through 174, revised; and pages 136g, 136h, and 174a, new.

Summary

This chapter is revised to:

- ◆ Add instructions for the new AD, "Application Detail," field located on the TD05 screen for medical, facility, and State Supplementary Assistance actions throughout the entire chapter.
- ◆ Change the language under the section, "MEDICAID CASE ACTIONS: Approving an Application: Medicaid for Employed People with Disabilities."
- ◆ Change the form name from *Medicaid Information Questionnaire for SSI Persons* to *SSI Medicaid Information*, change the form number from 470-2304 to 470-0364, and add the form number of the Spanish version.
- ◆ Add subsections under the section, "MEDICAID CASE ACTIONS: Change to MEPD Premium," to provide instructions on how to decrease or increase MEPD premiums.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(9), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	August 18, 2006
Contents (page 4)	December 30, 2005
Contents (page 5)	November 9, 2007

Contents (page 6)	June 24, 2005
17	April 6, 2007
24	August 18, 2006
25	March 16, 2004
26	May 25, 2007
27	August 18, 2006
28	December 22, 2006
31	May 25, 2007
32	March 16, 2004
33	December 22, 2006
34	August 18, 2006
38, 44	September 14, 2007
45, 46	December 22, 2006
75	September 14, 2007
76	April 25, 2000
77	April 6, 2007
86a	November 5, 2004
87	August 18, 2006
92b	February 25, 2003
92c	December 22, 2006
92d	September 14, 2007
93	September 7, 2007
94	March 16, 2004
95, 96	August 18, 2006
97, 98, 98a	February 23, 2007
98b	November 9, 2007
104	January 14, 2005
105, 107-112, 115, 116	August 18, 2006
120-122, 124,	December 22, 2006
125	November 9, 2007
129-130, 133, 134, 134a	December 22, 2006
136b	April 29, 2005
136c-136f, 137-140	August 18, 2006
141	November 9, 2007
142, 143	August 18, 2006
144	April 10, 2001
145, 146	August 18, 2006
147, 148	April 25, 2000
152, 152a	December 22, 2006
164-169	August 18, 2006
170	April 25, 2000
171-173	August 18, 2000
174	April 25, 2000

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

February 29, 2008

GENERAL LETTER NO. 14-B(9)-36

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Employees' Manual, Title 14, Chapter B(9), *SSI-RELATED MEDICAID AND FACILITY CASE ACTIONS*, Contents (page 5), revised; pages 98a and 98b, revised; and pages 98c and 98d, new.

Summary

This chapter is revised to add a new subsection, "Using MEPC," for clarity under the section, "MEDICAID CASE ACTIONS: Change to MEPD Premium."

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(9), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 5)	February 8, 2008
98a, 98b	February 8, 2008

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

April 18, 2008

GENERAL LETTER NO. 14-B(9)-37

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Employees' Manual, Title 14, Chapter B(9), *SSI-RELATED MEDICAID AND FACILITY CASE ACTIONS*, Contents (page 5), revised; and pages 98a through 98c, 99, and 100, revised.

Summary

This chapter is revised to remove the section, "MEDICAID CASE ACTIONS: Change to MEPD Premium: Increase." The Automated Benefit Calculation (ABC) system does not act on worker entries to increase premiums that are generated from the TD05 screen.

Use the section, "MEDICAID CASE ACTIONS: Change to MEPD Premium: Using MEPC," for instructions for increasing or decreasing the premium for the current month or a prior month.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(9), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 5)	February 29, 2008
98a-98d	February 29, 2008
99	June 24, 2005
100	December 22, 2006

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

July 4, 2008

GENERAL LETTER NO. 14-B(9)-38

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Employees' Manual, Title 14, Chapter B(9), *SSI-RELATED MEDICAID AND FACILITY CASE ACTIONS*, pages 15, 114, 164, 165, and 175, revised.

Summary

This chapter is revised to:

- ◆ Change the EFFECT DT field instructions on the TD06 screen under the section, "ALL CASES WORKER-INITIATED ACTIONS: Medical Transportation: Approval," to require entry of the earliest month of service instead of the most recent month. This change in language provides consistency between programs on dealing with medical transportation approvals.
- ◆ Add the LAST REV field on the TD05 screen and instructions under the section, "STATE SUPPLEMENTARY ASSISTANCE CASE ACTIONS: Pending an Application," and revise the instructions for the MED ENTRY RSN field on TD05 to reflect current system coding.
- ◆ Correct the FUND code entries on the TD03 screen under the section, "STATE SUPPLEMENTARY ASSISTANCE CASE ACTIONS: Reopening a Case: Dependent Person," to separate the codes used on the client's line and those used on the dependent's line.
- ◆ Change the OHP field instructions on the TD03 screen under the section, "STATE SUPPLEMENTARY ASSISTANCE CASE ACTIONS: Reopening a Case: Residential Care Facility," to require code "R" for residential care facility instead of codes "F" or "G."

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(9), and destroy them:

<u>Page</u>	<u>Date</u>
15	March 18, 2005
114	August 18, 2006
164, 165	February 8, 2008
175	August 18, 2006

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

July 18, 2008

GENERAL LETTER NO. 14-B(9)-39

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Employees' Manual, Title 14, Chapter B(9), *SSI-RELATED MEDICAID AND FACILITY CASE ACTIONS*, pages 52, 84a, 100, 177, and 178, revised.

Summary

This chapter is revised to add instructions for the option of doing an automated estate recovery referral using the function key F6 on the TD05 and TD03 screens. The instructions are added under the following sections:

- ◆ "FACILITY CASE ACTIONS: Closing a Program: Death"
- ◆ "MEDICAID CASE ACTIONS: Closing Waiver: Death"
- ◆ "MEDICAID CASE ACTIONS: Canceling Ongoing Eligibility: Due to Death"
- ◆ "STATE SUPPLEMENTARY ASSISTANCE CASE ACTIONS: Closing the Program: Recording Death on a Dependent Person Case"
- ◆ "STATE SUPPLEMENTARY ASSISTANCE CASE ACTIONS: Closing the Program: Closing Case due to Death of Recipient"

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(9), and destroy them:

<u>Page</u>	<u>Date</u>
52	November 9, 2007
84a	February 17, 2006
100	April 18, 2008
177, 178	June 24, 2005

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

August 29, 2008

GENERAL LETTER NO. 14-B(9)-40

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Employees' Manual, Title 14, Chapter B(9), *SSI-RELATED MEDICAID AND FACILITY CASE ACTIONS*, pages 79, 80, and 81, revised.

Summary

This chapter is revised to add system changes under the section, "HOME-AND COMMUNITY-BASED WAIVERS CASE ACTIONS: Approving or Reopening an Application." The system will now calculate the deductions on HCBS waiver cases for unmet medical needs, spousal diversion, and the administrative fee for a medical assistance income trust.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(9), and destroy them:

Page

Date

79-81

December 22, 2006

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
EUGENE I. GESSOW, DIRECTOR

January 16, 2009

GENERAL LETTER NO. 14-B(9)-41

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Employees' Manual, Title 14, Chapter B(9), *SSI-RELATED MEDICAID AND FACILITY CASE ACTIONS*, pages 29, 30, 85, 86, and 177, revised.

Summary

This chapter is revised to:

- ◆ Change language and add a cross-reference under the BCW2 P DED NEED field in section, "FACILITY CASE ACTIONS: Approving an Application: Automated."
- ◆ Add the "Medicaid for Kids with Special Needs" aid type 64-7 to the list of coverage groups that are not system-determined for financial eligibility under the section, "MEDICAID CASE ACTIONS: Approving an Application."
- ◆ Change some references that previously required a "day two" case action due to "batch processing" to now reference a "step two" case action due to "real time" processing.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(9), and destroy them:

<u>Page</u>	<u>Date</u>
29	December 22, 2006
30	September 14, 2007
85	August 18, 2006
86	December 22, 2006
177	July 18, 2008

Additional Information

Refer questions about this general letter to your area income maintenance administrator.